

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009567

1. Corporation Name

TEMPLE COMMUNITY HELPERS FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

241 NW 17 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33136

Country

3. Mailing Office Address

1723 NW 3rd Ave.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33136

Country

7. Name and Address of Current Registered Agent

Name

DEVEAUX, GLENROY

Street Address (P.O. Box Number is Not Acceptable)

10710 SW 222 DR

Suite, Apt. #, etc.

City

Miami

State

FL

Zip Code

33170

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Glenroy Deveau

Date 10-31-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Chairman</i>	Glenroy Deveau	10710 SW 222 Dr	Miami, FL 33170
<i>Bd Member</i>	Denice Deveau	24222 SW 112 CT.	Homestead, FL 33032
<i>Bd Member</i>	Charles McKenzie	11 NW 70 ST	MIAMI FL 33150
<i>Bd Member</i>	Lula Colebrook	777 NW 42 ST	MIAMI FL 33127
<i>Bd Member</i>	George Johnson	1725 NW 179 ST	MIAMI FL 33056

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-09

Date

305-265-2798

Daytime Phone #

FILED

2010 MAR 22 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162072975

03/22/10--01055--005 **69.00

500162072975

10/23/09--01024--019 **428.75

REINSTATEMENT 03-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2003

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell MAR 22 2010