

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC -1 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO 300006029

**1. Corporation Name**

Helping and Caring Hand Inc

**2. Principal Office Address**

1612 Callen St  
Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 7667  
Suite, Apt. #, etc.

**City & State**

Tallahassee, FL

**City & State**

Tallahassee, FL

**Zip**

32310

**Country**

Leor

**Zip**

32314

**Country**

Leor

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

57-1181680

**Applied For**

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Marilyn Turner

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

1612 Callen St

**Suite, Apt. #, Etc.**

Tallahassee FL

**City**

Tallahassee

**State**

FL

**Zip Code**

32310

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-1-04

**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
S	Mairan Turner	8143 Wegner Court	Tallahassee FL 32308
D	Linda Prov. H	7500 Tallyann dr	Tall FL 32308
B	Marilyn Turner	1612 Callen St	Tall FL 32310

**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

Date

12-01-06

Daytime Phone #

K Eckel DEC 01 2006

2/2  
I Marilyn Turner didn't Receive  
my renewal paper for 2005  
for my Business

Date 12-01-06  
Sign: 