

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 JUN 12 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006029

1. Entity Name  
HELPING AND CARING HANDS, INC.



Principal Place of Business  
206 BIG B LANE  
TALLAHASSEE, FL 32308

Mailing Address  
P.O. BOX 7667  
TALLAHASSEE, FL 32314



2. Principal Place of Business - No P.O. Box #

3501 west Orange Ave

3. Mailing Address

Suite, Apt. #, etc.

Tall FL 32310

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Leon

Zip

Country

06122008 REIN-NP

CR2E099 (1/07)

4. FEI Number  
57-1181680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURNER, MARILYN  
1612 CALLEN ST. 3501 west Orange Ave.  
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name Marilyn Turner  
Street Address (P.O. Box Number is Not Acceptable)  
3501 West Orange Ave  
Tall FL 32310  
City FL Zip Code 32310

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	TURNER, MAIRAN	
STREET ADDRESS	8143 WEGNA COURT	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROVITT, LINDA	
STREET ADDRESS	7500 TALLYANN DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	TURNER, MARILYN	
STREET ADDRESS	1612 CALLEN ST.	
CITY - ST - ZIP	TALLAHASSEE, FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200131283172
CITY - ST - ZIP	06/13/08--01028--005 **122.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Marilyn Turner
CITY - ST - ZIP	3501 West Orange Ave Tall FL 32310
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-12-08