

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -2 A 11: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1703000006029

1. Corporation Name

Helping and Carrying Hands Inc

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

1382 Balkin Rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32305 Leon

3. Mailing Office Address

P.O. Box 7667

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32314 Leon

**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-Mitchell

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

1382 Balkin Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☒ 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.

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

Marilyn Turner-Mitchell

REGISTERED AGENT MUST SIGN

Date 2/2/09

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	Marian Turner	8143 Wegna Court	Tallahassee FL 32308
D	Linda Provitt	7500 Tallamy Dr	Tallahassee FL 32308
P	Marilyn Turner	1382 Balkin Rd	Tallahassee FL 32305

REINSTATEMENT

07-09085

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

2/2/09

Daytime Phone #

850 897-4456