

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 FEB -9 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000C06029

1. Corporation Name

Helping and Caring Hands Inc

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

31 Magpie Trail

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7667

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Tall FL 32314

Zip

32327

Country

wakulla

Zip

Leor

Country

Leor

7. Name and Address of Current Registered Agent

Name

Marilyn Turner

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

31 Magpie Trail

Suite, Apt. #, ETC.

City

Tall

State

FL

Zip Code

32327

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*

REGISTERED AGENT MUST SIGN

Date

2/9/2012

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
P	Marilyn Turner	31 Magpie Trail	Crawfordville FL 32327
D	Linda Prov. H.	Crawfordville FL 32327	Tall FL 32310
S	Marian Turner	8143 Wegna Court	Tall FL 32308

10. E-mail Address: marilyn.turner.mitchell@yahoo.com  
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Marilyn Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/2012

Daytime Phone #