PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002827

1. Corporation Name

Ameriphil Helping Hands. Inc.

500150953965
04/17/09--01037--029 **61.25
REINSTATEMENT 05-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Leonor S. Booker	Leonor S. Booker
Suite, Apt. #, etc. 704 Crestwood St.	Suite, Apt. #, etc. 704 Crestwood St.
City & State mary esther	City & State mary Esther
Zip 32569 Country FL.	Zip 32569 Country FL.

4. Date Incorporated or Qualified To Do Business in Florida 03-18-2004

5. FEI Number 20-088381 ☐ 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: Leonor S. Booker

Street Address (P.O. Box Number is Not Acceptable): 704 Crestwood St.

Suite, Apt. #, Etc.:

City: Mary Esther State: FL Zip Code: 32569

☑ 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 x Leonor S. Booker Date 4-14-09
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
P.	Steve J. VanDenakker	2757 Oakey ct. Navarre	FL. 32566
V.P	Lyn Rose	613 Manchester Rd.	FWB FL. 32547
S.	Jesusa Butterfield	327 coral Dr	FWB FL. 32548
T.	Maria Norma Obey	104 Harbeson Ave. S.E.	APT. B. FL 32548
			2/13/08 01007 002 61.25
			12/17/07 01037 017 367.50

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: x Leonor S. Booker 4-14-09 1-8049628912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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