

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 JAN 28 PM 1:01

DOCUMENT # NO4 00 000 8/48

1. Corporation Name

HELPING HANDS FOUNDATION INC.

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

608 SAXON BLVD

3. Mailing Office Address

P.O. BOX 4132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

DELTONA FL

City &amp; State

ENTERPRISE FL

Zip

Country

32725VOLUSIA

Zip

Country

32725VOLUSIA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in FloridaAUG 19 2004

5. FEI Number

56-2544561

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

SMILEY THURSTON

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

608 SAXON BLVD

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725300268876503  
01/28/15--01036--022 \*\*726.25

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

REGISTERED AGENT MUST SIGN

Date 12-25-2014

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
CEO	DALE THURSTON	608 SAXON BLVD	DELTONA FL 32725
COO	SMILEY THURSTON	608 SAXON BLVD	DELTONA FL 32725
CFO	SHIVKUMAR IELNANI	P.O. BOX 4132	ENTERPRISE FL 32725
D	DINO DODANI	333 WENTWORTH AVE	DAYTONA BEACH FL 32124
D	DEBBIE JIMENEZ	P.O. BOX 4132	ENTERPRISE FL 32725
D	GILBERT CHICO JIMENEZ	P.O. BOX 4132	ENTERPRISE FL 32725

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-25-2014

Daytime Phone #

\$ 1726.25

(386) 717-5647

C.J.