

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 SEP -4 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007027

1. Corporation Name

Helping Others Make Everything Right, Inc

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

3530 N.W. 2nd St

Suite, Apt. #, etc.

3. Mailing Office Address

2605 Saxon St

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

USA

City & State

Tallahassee, FL

Zip

32310

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2005

5. FEI Number

75-3197320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rachel Johnson

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

2605 Saxon Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

400276787764

09/08/15--01001--008 **297.50

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

Rachel Johnson

REGISTERED AGENT MUST SIGN

Date

09/04/15

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
D	Jalyssia Williams	2605 Saxon Street	Tallahassee FL 32310
D	Deangelo Johnson	2807 Jamestown Rd	Hattiesburg, MS 39402
D	Jasmine Williams	2147 Lake Park Dr. SE	Smyrna, GA 30080
D	Jakia Williams	3530 NW 2nd St	Ft. Lauderdale FL 33311
D	Valencia Wright	322 Carriage Lane #C	Albany, GA 31721

REINSTATEMENT

RLH

10. E-mail Address: homemot4profit@gmail.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:

Jasmine Williams

SEP 04 2015