

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -3 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011188

1. Corporation Name

Friends Helping Friends, Hurricane Relief
& Other, Inc.

REINSTATEMENT 06

400082648024
12/19/06--01056--022 **245.00

CR2E081 (12/05)

2. Principal Office Address

5731-4 Commonwealth Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

Zip

32254

Country

U.S.A.

3. Mailing Office Address

5731-4 Commonwealth Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

Zip

32254

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

November 2, 2005

5. FEI Number

20-3751631

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

L. E. Crawford

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

5731-4 Commonwealth Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32254

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

L. E. Crawford

Date 12-12-06

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 |
|--------|--------------------------------------|---|------------------------|
| D | L.E. Crawford | 5731-4 Commonwealth Ave. | Jacksonville, Fl 32254 |
| D | Margaret Rozier | 5731-4 Commonwealth Ave. | Jacksonville, Fl 32254 |
| D | Amber D. Branch | 7525 Townsend Rd. | Jacksonville, Fl 32244 |
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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:

L. E. Crawford Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-06 904 506-3802

Date

Daytime Phone #

jc 1/4