

# **2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000010337

**FILED**  
**Dec 05, 2007**  
**Secretary of State**

**Entity Name:** CLASSROOM HELPING HANDS, INC

**Current Principal Place of Business:**

878 HIGGINS AVE  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

878 HIGGINS AVE  
DELTONA, FL 32738

**New Mailing Address:**

P. O. BOX 390035  
DELTONA, FL 32739

**FEI Number:** 20-5752580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, PAULETTE  
878 HIGGINS AVE  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PAULETTE WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** WILLIAMS, PAULETTE  
**Address:** 878 HIGGINS AVE  
**City-St-Zip:** DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** WILLIAMS, PAULETTE  
**Address:** 878 HIGGINS AVE  
**City-St-Zip:** DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PAULETTE WILLIAMS

PRES

12/05/2007

Electronic Signature of Signing Officer or Director

Date