

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 06, 2009  
Secretary of State**

DOCUMENT# N07000005729

Entity Name: H.E.L.P.U.S.A. INC.

**Current Principal Place of Business:**

810 KAZAROS CIRCLE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

810 KAZAROS CIRCLE  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 26-0409120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SLIMON, MARK A  
810 KAZAROS CIRCLE  
OCOEE, FL 34761      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: MARK SLIMON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SLIMON, MARK  
Address: 810 KAZAROS CIRCLE  
City-St-Zip: OCOEE, FL 34761

Title: VP      ( ) Delete  
Name: CROTTY, PETER  
Address: 1012 WILKS  
City-St-Zip: ORLANDO, FL 32809

Title: SEC      ( ) Delete  
Name: MATTIA, JERRY  
Address: 6102 CURRY FORD RD.#202  
City-St-Zip: ORLANDO, FL 32822

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK SLIMON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/06/2009

\_\_\_\_\_  
Date