PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 16 PM 4: 46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Helping hands for children

N07000011738

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

301 NE 16th Place

Suite, Apt. #, etc.

City & State

Cape Coral   FL

Zip 33909   Country Lee

3. Mailing Office Address

301 NE 16th Place

Suite, Apt. #, etc.

City & State

Cape Coral   FL

Zip 33909   Country Lee

9001690101059
02/16/10--01033--014 **192.50

REINSTATEMENT 08-10
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida   12-7-07

5. FEI Number   261395327   ☐ 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   Thomas Kelly

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

301 NE 16th Place

Suite, Apt. #, Etc.

City Cape Coral   State FL   Zip Code 33909

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____   Date 2-10-10

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
PRESIDENT	Thomas Kelly	301 NE 16th Place	Cape Coral, FL 33909
Director	Dawn Kelly	301 NE 16th Place	Cape Coral FL 33909
Director	John Guglielmino	3304 SW 7th Place	Cape Coral FL 33914

10. **E-mail Address:** HelpingHandsForchildren@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., 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.

SIGNATURE: _____   2-10-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #