## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000008729

FILED Nov 06, 2009 Secretary of State

Entity Name: HELP IS HERE NOW, INC. **Current Principal Place of Business: New Principal Place of Business:** 1970 NW 190 TERRACE MIAMI, FL 33056 **Current Mailing Address: New Mailing Address:** 1970 NW 190 TERRACE MIAMI, FL 33056 FEI Number: 65-0658194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: MATHIS, CORA LEE MATHIS, CORA L 1970 NW 190 TERRACE 1970 NW 190 TERRACE MIAMI, FL 33056 MIAMI, FL 33056 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: CORA LEE MATHIS 11/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MATHIS, CORA LEE FOUNDER Name: Name: 1970 NW 190 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIMBALL-SNEAD, GAYLE CHAPLN Name: Address: 17961 NW 40 COURT Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TAYLOR, CASSANDRA FINSEC Name: SNELL, BERNADINE SEC Name: 7638 JUNIPER ST 1861 NW 179TH STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIAMI GARDENS, FL 33056 ( ) Delete Title: Title: (X) Change ( ) Addition Name: COLE, DORIS Name: COLE, DORIS 208 NW 213TH STREET Address: 464 NW 82 TERRACE Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: ( ) Change (X) Addition DORVILIER, ATHALIE FIN SEC Name: Name: 860 NW 171ST STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI GARDENS, FL 33169

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: CORA LEE MATHIS FOUN 11/06/2009