

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 18 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N1000010382

1. Corporation Name

Help for The People of America, Inc

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

3847 Shoreview Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

U.S.

3. Mailing Office Address

3847 Shoreview Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

U.S.

REINSTATEMENT

CR2E081 (11/10)

11-13

4. Date Incorporated or Qualified
To Do Business in Florida
November 4, 2010

5. FEI Number

46-1423771

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

Charles A. Powell Jr.

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

3847 Shoreview Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

400243166934
01/18/13--01013--010 **167.00

400243166934
12/31/12--01031--001 **297.50

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

Charles A. Powell Jr.

REGISTERED AGENT MUST SIGN

Date **12/26/2012**

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
P	Janice Powell	3847 Shoreview Dr.	Kissimmee, FL 34744
T	Alison Ownes	2001 High Timber Rd.	Fort Washington, MD 20744
S	Patricia Newkirk	720 Neptune	Oxen Hill, MD 20745

10. E-mail Address: **helpforpoa@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Janice Powell **Janice Powell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2012

321-250-6912

Date

Daytime Phone #