

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 31691

1. Corporation Name

HELP THE HANDICAPPED, INC.

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

P.O. Box 8522 N.

Suite, Apt. #, etc.

CAMPBELL
RD.

3. Mailing Office Address

P.O. Box 1114

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

LAKE LAND, FL

Zip

33810

Country

USA

Zip

33802

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

59-2945631

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

GEORGE R. BREDICKER

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

8522 N. CAMPBELL RD

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33810

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

[Signature]

REGISTERED AGENT MUST SIGN

Date APR 8 2010

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/D	BREDICKER, GEORGE R.	8522 N. CAMPBELL RD	LAKE LAND, FL 33810
T/D	McCLOUD, LORENZO	P.O. Box 482	BARTON, FL 33830
S/D	LAWRENCE, ANDREW	1910 HAMMILL ST. E.	BARTON, FL 33830

Info at Help the Handicapped.org

10. E-mail Address: info@HELP-THE-HANDICAPPED-ORG

(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:

GEORGE R. BREDICKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APR 8 2010 863-853-7767

Daytime Phone #