

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33331**

1. Corporation Name

HELPING HANDS FOUNDATION, INC.

FILED

99 DEC -9 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
SMITH, JIM 13501 UPPER MANATEE RIVER RD BRADENTON FL 34202 US	SMITH, JIM 13501 UPPER MANATEE RIVER RD BRADENTON FL 34202 US



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
John C. Tucker Jr. Suite, Apt. #, etc. 13061 NW 43 AVE City & State Opalocka, FL Zip 33054 Country USA	John C. Tucker Jr. Suite, Apt. #, etc. 13061 NW 43 AVE City & State Opalocka, FL Zip 33054 Country USA

4. Date Incorporated or Qualified To Do Business in Florida	07/20/1989	SP
5. FEI Number	65-0152320	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DV	SMITH, JAMES G	13501 UPPER MANATEE RIVER RD	BRADENTON FL
DP	TUCKER, JOHN C JR.	13061 NW 43RD AVENUE	OPALOCKA FL
DT	TUCKER, LORRAINE	218 SW 21ST ROAD	MIAMI FL
DS	SMITH, KAREN F	13501 UPPER MANATEE RIVER RD	BRADENTON FL
			600003077446--1
			-12/21/99--01098--013
			****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SMITH, JIM 13501 UPPER MANATEE RIVER ROAD BRADENTON FL 34202	Name John C. Tucker Jr Street Address (P.O. Box Number is Not Acceptable) 13061 NW 43 AVE Suite, Apt. #, Etc. City Opalocka State FL Zip Code 33054

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent	Date
John C. Tucker Jr	12/7/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: John C. Tucker Jr	Date 12/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #