

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN -4 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46033

1. Corporation Name

HELPING THE ELDERLY WITH LEGAL PROBLEMS, INC.

2. Principal Office Address

6640 Van Buren St.

Suite, Apt. #, etc.

3. Mailing Office Address

5139 Trouble Creek Rd.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34656-2070

Country

US

City & State

New Port Richey, FL

Zip

34652

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1991

5. FEI Number

59-3126415

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

CAROL A. PERANTIE

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

5139 Trouble Creek Rd.

Suite, Apt. #, Etc.

City

New Port Richey

800004431088-8

-06/20/01--01004-018

****490.00 ****490.00

REINSTATEMENT 97-01

FL 34652

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

Carol A. Perantie

REGISTERED AGENT MUST SIGN

Date

5/29/01

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	Dominick DePetrillo	6640 Van Buren St. New Port Richey,	34656-2070 New Port Richey, FL 34656
V/T/D	Thomas Zandecki	7627 Little Rd.	New Port Richey, FL 34654
D	Bill Aycrigg	7505 Rottingham Rd.	Port Richey, FL 34668
D	Paul Gelep	7414 U.S. Hwy 19	New Port Richey, FL 34652
D	Hugh Umsted	10314 Little Rd.	New Port Richey, FL 34654
S/D	Carol A. Perantie	5139 Trouble Creek Rd.	New Port Richey, FL 34652

10. 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:

Carol A. Perantie

Carol A. Perantie

Date

5/29/01

Daytime Phone #

(727) 7845-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

