PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 26 PM 5:48

DOCUMENT # N46418

1. Corporation Name

H.E.L.P.S. MINISTRIES OF BROWARD, INC.

Principal Place of Business	Mailing Address
~~2900 GATEWAY DR~~ ~~POMPANO BEACH FL 33069~~ ~~US~~	~~2900 GATEWAY DR~~ ~~POMPANO BEACH FL 33069~~ ~~US~~

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2401 W. Cypress Creek Rd.	2401 W. Cypress Creek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale, FL	Ft. Lauderdale, FL
Zip 33309 Country USA	Zip 33309 Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/11/1991

5. FEI Number: 65-0299856 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~	~~COY, ROBERT~~	~~2900 GATEWAY DRIVE~~	~~POMPANO BEACH FL~~
VSD	DAVIS, MARK T	~~2900 GATEWAY DRIVE~~ 1461 N.E. 56th Ct.	POMPANO BEACH FL Ft. Lauderdale, FL 33334
D	DESTEFANO, GENNARINO J	~~2900 GATEWAY DRIVE~~ 4250 N.W. 43rd St.	~~POMPANO BEACH FL~~ Coconut Creek, FL 33073
D	DAVIDSON, TIM J	~~2900 GATEWAY DRIVE~~ 902 Banks Rd	~~POMPANO BEACH FL~~ Coconut Creek, FL 33063
~~D~~	~~WHETSTONE, PAUL~~	~~2900 GATEWAY DRIVE~~	~~POMPANO BEACH FL~~
~~D~~	~~CHINNELLY, JOHN~~	~~2900 GATEWAY DR~~	~~POMPONA BEACH FL~~

8. Name and Address of Current Registered Agent

~~DAVIS, MARK T~~
~~2900 GATEWAY DR~~
~~POMPANO BEACH FL 33069~~
100003021021--4
-10/21/99--01070--001
****236.25 ****236.25

9. Name and Address of New Registered Agent

Name: Mark T. Davis 10/19
Street Address (P.O. Box Number Is Not Acceptable): 2401 W. Cypress Creek Rd
Suite, Apt. #, Etc.:
City: Ft. Lauderdale State: FL Zip Code: 33309

CR2E040 (8/99)

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: Mark T. Davis SIGNATURE REQUIRED Date: 10-12-99
REGISTERED AGENT MUST SIGN

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: Mark T. Davis SIGNATURE REQUIRED 10-12-99 954-977-9673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark T. Davis, V.P.

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