

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED
AND
FILED

98 AUG 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA3000002502

1. Corporation Name
Helpin' Hand Outreach Ministries Inc
WA8000018783

Principal Place of Business Mailing Address
3333 W. Allstate Blvd P.O. Box 596
Pompano Bch. Fla. 33069 Pompano Bch. Fla
33061

200002627862--0
-08/28/98--01074--002
****481.25 ****481.25
REINSTATEMENT 94-98

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

2. New Principal Office Address, If Applicable
8015 W. Sample Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 596
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 6/7/93

City & State
Coral Spring Fla.
Zip 33065 County Broward

City & State
Pompano Bch.
Zip 33061 County Broward

5. FEI Number
65-0413273
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.00 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-------------------------|
| T Pres. | Felton L. Morris | 10540 N.W. 43 St | Coral Spring Fla. 33065 |
| Vice Pres. | Christine Morris | 10540 N.W. 43 St | |
| sec | LATOYA Battle | 11619 N.W. 24 Ct | |
| Fin Sec | Tiffany Garland | 4011 South Woodside Dr. | |
| T Treas. | Felton L. Morris III | 4011 South Woodside Dr. | Coral Spring Fla 33065 |

8. Name and Address of Current Registered Agent

FELTON L. MORRIS
P.O. Box 596
Pompano Bch. Fla. 33061

9. Name and Address of New Registered Agent

Name FELTON L. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
8015 W. SAMPLE Rd.
Suite, Apt. #, Etc.
City Coral Spring State FL Zip Code 33065

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 Felton S. Morris
REGISTERED AGENT MUST SIGN

Date 8/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: Felton S. Morris FELTON L. MORRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/98 954-753-1458
Date Daytime Phone #
954-796-1050

CR2EC00 (1/98)