

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 99 FEB 10 PM 4:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N9500000 2583**
 1. Corporation Name **HELP NOW MINISTRIES INC,**
W99-1023

Principal Place of Business Mailing Address
205 SW 67th TERRACE **PO Box 7389**
PEMBROKE PINES **HOLLYWOOD**
FL 33023 **FL-33081**

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/01/1995**

5. FEI Number **65-0584628**

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)			
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
P. CEO	ERROL E. WILLIAMS	205 SW 67 TERRACE	PEMBROKE PINES FL 33023
DS	ANGELA WILLIAMS	205 SW 67 TERRACE	PEMBROKE PINES FL 33023
VP	ASTON DALEY	6839 SW 20 th ST	MIAMI FL 33023
EVP. COO	PHILIP FENDER	7624 GRANDVIEW BLVD	MIAMI FL 33023-6555
D	MARJORIE HARDY	2080 ONE MIAMI COURT	MIAMI FL 33179
T	MAXWELL GAYLE	600 PALM DR	HOLLYWOOD FL 33089

8. Name and Address of Current Registered Agent
ERROL E. WILLIAMS
205 SW 67 TERRACE
PEMBROKE PINES FL 33023

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable) **800002776558--7**
 Suite, Apt. #, Etc **-02/16/99-01024--001**
 City State Zip Code
MIAMI FL 33023

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 **Errol E. Williams** Date **2/6/99**
 REGISTERED AGENT MUST SIGN

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: **Errol E. Williams** ERROL E. WILLIAMS Date **01/11/1999** (954) 763 5525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRS2040 (1/98)