

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **N 9500000 2583**
1. Corporation Name **HELP NOW MINISTRIES INC,**
W99-1023

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

Principal Place of Business Mailing Address
205 SW 67th TERRACE P O BOX 7389
PEMBROKE PINES HOLLYWOOD
FL 33023 FL-33081
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

97-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/01/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0584628	
				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 (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 30 th ST	MIAMI FL 33023
EXP. CO.	PHILIP FENDER	7624 GRANDVIEW BLVD	MIAMI FL 33023-6555
D	MARJORIE HARDY	20800 NE MIAMI COURT	MIAMI FL 33179
T	MAXWELL GAYLE	600 PALM DR	HALLANDALE FL 33089

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERROL E. WILLIAMS 205 SW 67 TERRACE PEMBROKE PINES FL 33023		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc	
		City	
		State	Zip Code
		FL	

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**
REGISTERED AGENT MUST SIGN

Date **2/6/99**

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** **01/11/1999** **(954) 703 5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS2040 (1/98)