	PLEASE REA	D ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
FOR			A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS		FILED			
DOCUMENT # 19500003132					99 AUG 25 PM 1:58			
Education Helps, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 323 10th Ave. W. P.O. Box 14444 Pulmetto, FL. 34221 Bradenton, FL. 34280-4444 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					5000029776759 -03/02/3301101004 ****306.25 ****306.25			
2 New Pr	rincipal Office Address, If Applicable	ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5. 30, 95				
Suite, Apt City & Stati			Suite, Apt. #, etc. City & State		5. FEI Number Applied For Kof - 05 9 1.551 Not Applied be			
		Zip			6.	S8 75 Additional Fee required		
: r = = = = 7. Names	and Street Addresses of Each Officer a	nd/or Director (Flo	rida nonprofit corpor	ations must list at lea	<u> </u>	o di di Ario de Delinico Delin	r a Certificate of Status	
Title(s)	Name of Officers and/or Directors	 :	Į ō	reet Address of Each	or City / State / Zip			
! P/T	David Jonatha	601 45 th 57 West			Bradenton, FL. 34209			
'	Sherry ZDOROW 230			1301 25th Ave. West 1707 Upper Monates River Rd.		Bradenton, Fl. 34208 Bradenton, Fl. 34202		
S								
D				95T. East	<i>*</i>	Bradentin, FL. 34203		
D	Perry & Lisa Melchi 601 45# ST. W.					Bradenton,	FL. 34209	
D	Salvadore & Janine Ferreri 607 45# ST. West Bradenton, FL 34209							
8. Name and Address of Current Registered Agent Name Name							jønt g	
David Jonathan					et Address (P.O. Box Number is Not Acceptable)			
601 45th ST. W.				Suite, Apt. #, Etc.				
	Bradenton, FL.	34209		Criy State Zip Code				
IO I. being Signature d Registered	g appointed the registered agent of the a	athe	oration, am familiar w ENT MUST SIGN	ith and accept the ob	oligations of Secti	on 607.0505, F.S. Date	99	
	nis corporation owes the tangible Personal Prop			Yes	□ No 🛭	(See other side on intang		
this rein owed by	that I am an officer or director or the renstatement application, the reason for digities to corporation have been paid and the application is true and accurate, and my	ssolution has been ne names of individ	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for a	the requirements an exemption un	of section 607.0401 or 617.040	01, F.S., that all fees	
SIGNAT	TURE: SIGNATURE AND THE OR	PRINTED NAME OF S	David BIGNING OFFICER OR	Junatha Director	an 8.1	8.99 941, 74 Date Days	7. 1991 ime Phone #	