

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-99
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000001992

1. Corporation Name

HELP IS HERE, INC

Principal Place of Business

Mailing Address

1970 NW 190 Terrace
Miami, FL 33056

S/A

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

33056

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida:

4/96

5. FEI Number

05-0058194

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)

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/D	Betty Farmer	15740 NW 37 Avenue	Miami, FL 33054
V/D	Charles Stringer	3555 NW 96 Street	Miami, FL 33147
D	Cora Mathis	1970 NW 190 Terrace	Miami, FL 33056
T/D	Cora Mathis	1970 NW 190 Terrace	Miami, FL 33056
S/D	Linda barfield	12950 W. 501f Rd	Miami, FL 33141
N	Doris Cole	8535 NW 32 Ct.	Miami, FL 33147

8. Name and Address of Current Registered Agent

CORA MATHIS
1970 NW 190 Terrace
Miami, FL 33056

9. Name and Address of New Registered Agent

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

Cora Mathis

REGISTERED AGENT MUST SIGN

Date

12/31/98

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:

Cora Mathis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98
Date

(305) 635-0003
(305) 620-9881
Daytime Phone #