

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 # **NA66000084316**

1. Corporation Name

Helping Other People Excel, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

Post Office Box 6957

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

3. New Mailing Office Address, If Applicable

Post Office Box 6957

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

4. Date Incorporated or Qualified To Do Business in Florida

8-19-96

5. FEI Number

593428155

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
Pres/D	Rosezetta Bobo	2171 Portsmouth Cr.	Tallahassee, FL 01
Treas/PD	Dr. Fred Seamon	1122 Seminole Dr	Tallahassee, FL 01
V.P/D	Judy Jones	5409 DeFoor's Ferry	Tallahassee, FL 10
S	Carol Gordon	7033 Spicewood Ln	Tallahassee, FL 10
D	Kevin Turner	4065 Blind Brook Ct	Tallahassee, FL 08

8. Name and Address of Current Registered Agent

Rosezetta Bobo
2171 Portsmouth Circle
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

State City Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

FILED

98 OCT 30 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****245.00 ****245.00

REINSTATEMENT

13.

10/30

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