

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N96-5026

COMMUNITY NEIGHBORHOOD HELPING, INC

2. Principal Office Address

3106 Cormorant Road

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip

33444

Country

USA

3. Mailing Office Address

P.O. Box 2133

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip

33444

Country

USA

REINSTATEMENT

03-04

500030952595

03/23/04--01118--012 **70.00

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

9/30/96

5. FEI Number

65-1153763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edith Thompson

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

3106 Cormorant Road

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33444

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Edith Thompson

REGISTERED AGENT MUST SIGN

Date 3-11-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bishop Lennard Josey Sr.	505 Sunset Road	Boynton Beach, FI 33435
S	Mrs. Ginny Lalka	122 Andrews Avenue	Delray Beach, FI 33483
T	Major Will Mc Cullum	300 West Atlantic Avenue	Delray Beach, FI 33444
D	Edith Thompson	3106 Cormorant Road	Delray Beach, FI 33444

10. 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:

Edith Thompson Edith Thompson

Date

3-11-04

Daytime Phone #

921-279-9951



Community Neighborhood HelpingJ Inc.

Programs That Touch Hearts in Delray Beach
P.o. Box 2133, Delray Beach, FL 33444 Phone: 561-279-9951 Fax: 561-279-9951 Email:
edithmthomson@aol.com

March 11, 2004

RE: Report of Correction

Following a lengthy March 10, 2004 telephone discussion with a representative from your office, and reviewing our records, we never received a letter or any information in reference to 'report of correction'.

On July 3, 2003, we paid by check (#1006) to Florida Department of Corporations (FDC) the annual fee. We have not received any notification of report of correction, or any communication from FDC.

Your records list Community Neighborhood Helping, Inc. as non active. We request reinstatement of Community Neighborhood Helping, Inc. to active status. It will be appreciated if you consider waiver or extension of payment of the late fee. If this is not possible, please forward us information regarding waiver or the extension process.

We are very active and excited about the many challenges, experiences, and successes ahead of us. To be listed non-active. Oh boy!

Warmest Regards,


Edith Thompson, Exec Dir.

File (2)