

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 SEP 27 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003779

1. Corporation Name

Helping Each of Us Live Productively, Inc.

900110270019
10/04/07--01036--022 **420.00

REINSTATEMENT 03-07

2. Principal Office Address - No P.O. Box #

903 NE 25th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box

Suite, Apt. #, etc.

City & State

Gainesville, Fl

Zip

32641

Country

USA

City & State

Gainesville, Fl

Zip

32602

Country

USA

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

6/30/97

5. FEI Number

59-3023019

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

Patricia J. Powers

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

903 NE 25th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32641

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patricia J. Powers

REGISTERED AGENT MUST SIGN

Date 9/24/07

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
Pres.	Tisha M. McGlon	814 NW 4th Avenue	Gainesville, Fl
1st VP	Irene Kowal	4616 NW 30th Avenue	Gainesville, Fl
2nd VP	Pauline Williams	628 NE 13th Street	Gainesville, Fl
Secre.	Carolyn Miller	12370 NE 103rd Terrace	Gainesville, Fl
Bus Mgr	Patricia J. Powers	P.O. Box 202	Gainesville, Fl
Tres.	Willie F. Powers	P.O. Box 202	Gainesville, Fl

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 contained in Chapter 119, 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:

Patricia J. Powers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/07

Daytime Phone #

10/2

2/2

**ATTACHED SHEET FOR CONTINUATION OF OFFICERS AND DIRECTORS for:
Helping Each of Us Live Productively, Inc.**

Asst. Bus. Mgr.	Catherine A. Johnson	P.O. Box 202	Gainesville, Fl
Director	Dr. J. Robert Cade	529 NW 38 th Circle	Gainesville, Fl
Director	Dr. Malcolm Privette	240 SW Archer Road	Gainesville, Fl
Director	Allen Scheer	University of Florida	Gainesville, Fl