

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 AR

DOCUMENT # N97000003779

1. Corporation Name

Helping Each Of Us Live Productively, Inc.

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

903 NE 25th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

USA

3. Mailing Office Address

P.O. Box 202

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3023019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/07)

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, FL

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

Date 7/07/08

REGISTERED AGENT MUST SIGN

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
President	Tisha M. McGlon	814 NW 4th Avenue	Gainesville, FL 32601
1st VP	Venus Jackson	900 Otis Street	Lake City, FL 32055
2nd VP	Pauline Williams	628 NE 13th Street	Gainesville, FL 32602
Secretary	Carolyn Miller	12370 NE 103rd Terrace	Gainesville, FL 32602
Bus. Mgr.	Patricia J. Powers	P.O. Box 202	Gainesville, FL 32602
Asst. Mgr.	Catherine A. Johnson	P.O. Box 202	Gainesville, FL 32602

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:

Tisha M. McGlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/07/08

Date

352-374-8155

Daytime Phone #

FILED

08 JUL -9 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/10/08