

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 13 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002395

1. Corporation Name

HELPING HANDS ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1861 N.E. 146TH STREET  
MIAMI FL 33181

1861 N.E. 146TH STREET  
MIAMI FL 33181



REINSTATEMENT

09

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0831034

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
DP	RATNER, JACK	1861 N.E. 146TH STREET	MIAMI FL 33181
DS	RUBEN, MAURICE	9801 COLLINS AVE.	NORTH MIAMI BEACH FL 33154
<del>DT</del>	<del>ZALTA, STANLEY</del>	<del>4000 ISLAND AVE., APT. 4407</del>	<del>AVENTURA FL 33180</del>
DV	RATNER, VICTOR	3772 N.E. 207 TERRACE	AVENTURA, FL 33180
DT	SEGURA, GERMAN	666 WOODGATE CIRCLE	WESTON, FL 33326
DM	RODRIGUEZ, FRANK DARIO	13117 N.W. 6th TERRACE	MIAMI, FL 33182

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RATNER, JACK  
1861 N.E. 146TH STREET  
MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

65-083107486--1

-01/24/00--01011--013

\*\*\*\*245.00 \*\*\*\*245.00

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

*Jack Ratner*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 09/12/99

11. 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:

*Jack Ratner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK RATNER

Date

Daytime Phone #

09/12/99 (305) 944-080

KE