

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000002613

1. Corporation Name

HELPING HANDS FOR THE SORROWFUL, INC.

Principal Place of Business

13840 72ND COURT, NORTH
WEST PALM BEACH FL 33412

Mailing Address

13840 72ND COURT, NORTH
WEST PALM BEACH FL 33412

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

5. FEI Number-

06-1516905

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ALCEE, KETTY	13840 72 COURT N	WPB FL 33412
DVP	O'LEARY, MARY LOU	1201 E PINCREST CIR	JUPITER FL 33458 33458
DS	WHITE, GAIL Whited	1250 S KINGSWAY RD 7796 OLYMPIA Dr.	WELLINGTON FL 33414 West Palm Beach, FL. 33417
			400003454864--D
			-11/07/00--01050--016
			****245.00 ****245.00
			DR 11/6

8. Name and Address of Current Registered Agent

ALCEE, KETTY
13840 72ND COURT, NORTH
WEST PALM BEACH FL 33412

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip 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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary Lou O'Leary

Date

Daytime Phone #

10-23-00

561-745-0540

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 25 PM 3:04



REINSTATEMENT

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