

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000004467

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** HELPING HANDS, HELPING HEARTS, INC.

**Current Principal Place of Business:**

9305 WELLINGTON PARK CIR.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

9305 WELLINGTON PARK CIR.  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 59-3534948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THORNBERRY, LAURA  
9305 WELLINGTON PARK CIR.  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LAURA THORNBERRY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** THORNBERRY, J. BRUCE  
**Address:** 9305 WELLINGTON PARK CIR  
**City-St-Zip:** TAMPA, FL 33647

**Title:** DIR  
**Name:** THORNBERRY, LAURA  
**Address:** 9305 WELLINGTON PARK CIR  
**City-St-Zip:** TAMPA, FL 33647

**Title:** DIR  
**Name:** SMITH, NORA LEE  
**Address:** 16130 COUNTRY CROSSING DRIVE  
**City-St-Zip:** TAMPA, FL 33624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LAURA THORNBERRY

DIR

09/29/2010

Electronic Signature of Signing Officer or Director

Date