PLEASE READ ALL INSTRUCTIONS BEFORE COMP

04-30-2004 90327 005 ****70.00

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04 MAY 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006879

1. Corporation Name
Helping Hands Program For Youth & Families, Inc.

ADM DLS

REINSTATEMENT 03-09

2. Principal Office Address	3. Mailing Office Address
512 Limit Ave	512 Limit Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mt. Dora	City & State: Florida
Zip: 32757 Country: U.S.A.	Zip: 32757 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12-07-98

5. FEI Number: 59-3539628 ☐ 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: Ethel M. Badger

Street Address (P.O. Box Number is Not Acceptable): 512 Limit Avenue

700033477087
04/21/04--01077--015 **216.25

Suite, Apt. #, Etc.:

City: Mt. Dora State: FL Zip Code: 32757

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	Johnson, Christopher	1433 Weston Woods Blvd.	Orlando, Fl 32818
TD	Brinson, Bessie	907 Nebraska St.	Leesburg,FL 34748
SD	Allen, Mary	1525Granite State Ct.	Mt. Dora, Fl 32757
MD	Robinson, Ruth	1235 SE 115th ST	Ocklawaha, FL 32179

$25/14

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 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: Ethel M. Badger Ethel M. Badger 19 april 04 (352) 735-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #