PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

02 MAR -4 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/19/02--01044--010
****300.00 ****300.00

DOCUMENT # P00000032468

1. Corporation Name

H.E.L.P., INC.

Principal Place of Business	Mailing Address
73 CARRIAGE CREEK WAY ORMOND BEACH FL 32174	~~73 CARRIAGE CREEK WAY~~ ~~ORMOND BEACH FL 32174~~

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	
		P.O Box 730892	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ormond Beach	
City & State		City & State Florida	
Zip	Country	Zip 32173-0892	Country Volusia

4. Date Incorporated or Qualified To Do Business in Florida 03/24/2000

5. FEI Number 59-3648280 — 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
P	Fay Kalteux	73 Carriage Crk Way	Ormond Beach Fl 32174

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KALTEUX, FAY 73 CARRIAGE CREEK WAY ORMOND BEACH FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

CR2E040 (8/01)

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 Fay Kalteux Date 01-24-02
REGISTERED AGENT MUST SIGN

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: Fay Kalteux 01-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DOC# P07000032468

2 of 2

GCM
MEMBER
National Association of Professional
Geriatric Care Managers
and the Florida Association
of Geriatric Care Managers

H.E.L.P., INC
Handling Everyday Life Plans

PO Box 730892 • Ormond Beach, Florida 32173-0892 • (386) 852-7265
email: faytate@aol.com • www.help-incorporated.com

DO NOT REMOVE!

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find an application for reinstatement of corporation status. Unfortunately, I did not receive the initial notice. I realize that this has made me late in getting my information to you. I am also enclosing a check in the amount of $150.00 for the fees required for this transaction.

Please note the post office box address listed on the form. Please send any mail to me at that address, as I have had some problems with mail delivery to my street address.

Thank you for your assistance with this matter.

Sincerely,

Fay Kalteux

Fay Kalteux
Geriatric Care Manager

Enclosures: application
Check