

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -8 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000050357

1. Corporation Name

Helping Hand Educational Services, Inc.

2. Principal Office Address

12510 SW 18th St.

Suite, Apt. #, etc.

3. Mailing Office Address

12510 SW 18th St.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/2000

5. FEI Number

65-1013469

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

Corey C. Park

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

12510 SW 18th Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

300038198333  
06/23/04--01067--008 \*\*451.00

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

X Corey C. Park  
REGISTERED AGENT MUST SIGN

Date 6/2/2004

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
P,VP, S,T	Corey C. Park	12510 SW 18th St.	Miramar, FL 33027

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:

X Corey C. Park  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/2004  
Date

954-472-9144  
Daytime Phone #

CR2E081 (01/04)



*Helping Small Businesses Succeed Financially*

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Pembroke Pines, FL 33024

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June 4, 2004

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

Please find enclosed a Corporation Reinstatement form for the Helping Hand Educational Services, Inc. and a check for \$450 for the payment of the UBR for 2002, 2003 and 2004. We would respectfully request that the reinstatement fee be waived, as we did not receive the original UBR Forms. We will make sure that we keep the Department current on our address in the future.

If I can provide any further information, please call me at 954-472-9144 or fax at 954-472-9142.

Sincerely

A handwritten signature in black ink, appearing to read "Paul Franson".

Paul Franson, Accountant

RECEIVED  
04 JUN -8 AM 10:46  
DIVISION OF CORPORATION