

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000070114

1. Entity Name  
THE ASSISTANCE PROGRAM INC.



Principal Place of Business  
7628 56TH ST N, SUITE II  
TAMPA, FL 33617

Mailing Address  
7628 56TH ST N, SUITE II  
TAMPA, FL 33617

2. Principal Place of Business  
111 Bullard Parkway  
Suite, Apt. #, etc.  
205

3. Mailing Address  
P.O. Box 89424  
Suite, Apt. #, etc.

City & State  
Tampa, FL  
Zip  
33617  
Country  
USA

City & State  
Tampa Florida  
Zip  
33689  
Country  
USA

2232004 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3713799  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEL, GEORGE  
7628 56TH ST N, SUITE II  
TAMPA, FL 33617

7. Name and Address of New Registered Agent

Name - Carlina M. Kiel  
Street Address (P.O. Box Number is Not Acceptable)  
3816 Orange Pointe Road  
City Valrico FL Zip Code 33594

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carlina M. Kiel 12/23/04  
Signature, typed or printed name of registered agent in block 10, and date.  
(NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	KIEL, CARLINA M	514 EMBERWOOD DRIVE	BRANDON, FL 33511	<input type="checkbox"/>
VD	ROBERTS, LATOYA	8403 CERRO CR 206	TAMPA, FL 33617	<input checked="" type="checkbox"/>
SD	FITTS, BRENDA	514 EMBERWOOD DR	BRANDON, FL 33511	<input checked="" type="checkbox"/>
TD	FITTS, CARL SR	3410 E HENRY ST	TAMPA, FL 33610	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

200043973502  
01/04/05--01047--002 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlina M. Kiel 12/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Day/Mo/Yr