

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL -11 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000050929

1. Corporation Name  
Trusting Help, Inc.

2. Principal Office Address  
6573 Bayfront Drive

3. Mailing Office Address  
P.O. Box 670754

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Margate

City & State  
Coral Springs

Zip  
33063

Country  
Broward

Zip  
33067

Country  
Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
73-1666767

☒ 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  
Jansen, Giannina

Street Address (P.O. Box Number is Not Acceptable)  
6573 Bayfront Drive

Suite, Apt. #, Etc.

City  
Margate

State Zip Code  
FL 33063

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

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	Jansen, Giannina	6573 Bayfront Drive	Margate, FL 33063
VP	Jansen, Ulrich	6573 Bayfront Drive	Margate, FL 33063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Jansen, Ulrich, VP)

06-24-2005

Date

(954) 935-9518

Daytime Phone #

CR2E081 (01/05)

11272

# Trusting Help

*Let us be there for you!*

July 6, 2005

Florida Department of State  
Division of Corporations  
**Attn.: Mrs. Tina Roberts/Document Specialist**  
P.O. Box 6327  
Tallahassee, FL 32314

**Trusting Help, Inc. – P03000050929**

Dear Tina:

*We received your letter dated June 30, 2005 (letter # 105A00044070).*

*As mentioned over the phone already we never received your letter dated May 26, 2004, obviously because you had sent it to the old P.O. Box address we changed more than a year ago. We certainly informed you with a notice about the change of mailing address. We hope with this you can waive the reinstatement fee as you let us believe during our phone conversation about 2 weeks ago. Thank you very much for your cooperation.*

*We attach a check of \$150 so we complete the outstanding balance of \$300 – we also attach the entire paperwork and filled out the missing portions.*

*Thank you very much again and please confirm to us that Trusting Help, Inc. is filed correctly with the Department of State.*

*Sincerely,*

**TrustingHelp, Inc**

P.O. Box 670754, Coral Springs, FL 33067

► Phone (954) 972-5081 ► Cell (754) 368-3188 ► Fax (954) 935-9518

► E-mail [trustinghelp@aol.com](mailto:trustinghelp@aol.com)