

P3172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000164891

1. Corporation Name

HELPING HANDS INVESTMENTS GROUP INC

2. Principal Office Address

2941 NW 162 ST

3. Mailing Office Address

2941 NW 162 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33054

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1989554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400057339994
07/12/05--01018--016 **150.00

7. Name and Address of Current Registered Agent

Name

WILLIE L JACKSON

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

18800 NW 2 AVENUE

Suite, Apt. #, Etc.

MIAMI, FL

City

MIAMI

State

FL

Zip Code

33054

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	ALAN LEWIS	2941 NW 162 ST	MIAMI, FL 33054
T	ROBERT ALEXANDER	2941 NW 162 ST	MIAMI, FL 33054
V	SOLOMAN HEPBURN	2941 NW 162 ST	MIAMI, FL 33054
S	RONALD WIGGINS	2941 NW 162 ST	MIAMI, FL 33054

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)(l), 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

Date

Daytime Phone #

Robert Alexander ROBERT ALEXANDER 6/20/05

305-246-7142

CR2E081 (01/05)

PS 282

June 14, 2005

To: The Florida Department of State
Secretary of State
Division of Corporation

Helping Hands Investment Group Inc would like to request the wavier of the penalty for the reinstatement fee of \$600.00. Enclosed is a corporate reinstatement with the correct address of the company. We did not receive the original annual corporate renewal earlier this year. A check for \$ 150.00 is also enclosed for the annual report for 2005. Thanking you in advance for your assistance in this matter.

Sincerely

Robert Alexander

Robert Alexander
Treasurer