

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
FILED

09 MAR -6 PM 1:35

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
DOCUMENT # P05000008194**1. Corporation Name**

HELPING HANDS FOR SENIORS, INCORPORATED

2. Principal Office Address - No P.O. Box #

14059 MARQUETTE BLVD.

Suite, Apt. #, etc.

City & State

FORT MYERS

Zip

33905

Country

US

3. Mailing Office Address

14059 MARQUETTE BLVD.

Suite, Apt. #, etc.

City & State

FORT MYERS

Zip

33905

Country

US

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/18/2005

5. FEI Number

20-2250622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
☐ \$8.75 Add Special Fee required
 for a Certificate of Status
7. Name and Address of Current Registered Agent

Name

DEBORAH R BERNIER

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

14059 MARQUETTE BLVD.

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33905

☒ The reinstatement fee is imposed, except in
 circumstances which the entity did not receive
 the prior notices. By checking this box, you
 are certifying the prior notices were not
 received and requesting the reinstatement
 fee be waived.
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

REGISTERED AGENT MUST SIGN

Date 03-05-09

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	DEBORAH R BERNIER	14059 MARQUETTE BLVD.	FORT MYERS, FL 33905

REINSTATEMENT
 600145144536
 03/06/09--01025--012 **450.00
RH

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 contained in Chapter 119, 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:

DEBORAH R BERNIER

03-05-09

239-693-8909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #