PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2007 OCT 22 AM 8: 16
DOCUMENT # P05000084929 1. corporation Name Helping Hands Community Center Inc.			SECRETARY OF STATE TALLAHASSEE.FLORIDA
1953 W9th Street Suite, Apt. #, etc.	3. Mailing Office Address 1953 W 9 H Street Suite, Apt. #, etc.	4. Date incorpo	NSTATEMENT 06-07 CR2E081 (1/07) prated or Qualified 5-17-05
Jax, Fl. Zip Country 32209 Duval	City & State Jax, F1. Zip Country 32209 Duval	6.	Applied For Not Applicable OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS Street Address (P.O. Box Number is Not Acceptable) The Helen Am DS State Tip Code FL 33210		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. 1, 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 9/28/07 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 322/0
Pres Helen Amos	7644 Melissa	CFN	Jap, Fl. 33569
Vicho Isaac Daniel	s P. O. Box 291		Sanderson, Fl 32087
		10/1	00110602358 0/0701046008 **297.50
		: 107	:00110602358 30/0701033007 **2.50
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 filling 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: 9/29/07 904-599-1419 Daytime Phone # 14 449			

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