

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 20 AM 11:00

FLORIDA DEPARTMENT OF STATE  
JACKSONVILLE, FLORIDA

DOCUMENT # P05000084929

1. Corporation Name Helping Hands Community Center Inc.

**REINSTATEMENT**

CR2E081 (1/07)

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

7644 Melissa Ct N

Suite, Apt. #, etc.

3. Mailing Office Address

7644 Melissa Ct N

Suite, Apt. #, etc.

City & State

Jax, Fla

Zip

Country

32210 Duval

City & State

Jax, Fla

Zip

Country

32210 Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

81-0671670

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 Helen Amos

Street Address (P.O. Box Number is Not Acceptable) 7644 Melissa Ct N

Suite, Apt. #, Etc.

City Jacksonville

State FL

Zip Code 32210

☒ 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

Helen Amos

REGISTERED AGENT MUST SIGN

Date 11-18-08

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
<u>Pres</u>	<u>Helen Amos</u>	<u>7644 Melissa Ct N</u>	<u>Jax, Fl. 32210</u>

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11/20/08--01044--002 \*\*150.00

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:

Helen Amos Helen Amos President  
Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-08

Daytime Phone #

904(908-004)

11/21  
aw