

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 13 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000087506

1. Corporation Name

Hands to Hands Support Coordination Services INC.

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

941 SW 68 Ave.

3. Mailing Office Address

941 SW 68 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Lauderdale Florida

City & State

North Lauderdale Florida

Zip

33068

Country

USA

Zip

33068

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/2005

5. FEI Number

203032788

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

Geneva Williams

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

941 SW 68 Ave.

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

☒ 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

Geneva Williams

Date 12/10/07

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
PTD	Geneva Williams	941 SW 68 Ave.	North Lauderdale Florida 33068

500113115185
12/13/07--01041--006 **158.75

REINSTATEMENT
2007

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:

Geneva Williams

Geneva Williams 12/10/07 954-975-8581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #