

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000137988

1. Corporation Name

GOD SEND HELPING HANDS INC

REINSTATEMENT 07-08

400136876414
10/13/08--01045--002 **300.00

CR2E081 (10/08)

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

6014 Sudbury Avenue

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, Florida

Zip

32210

Country

USA

3. Mailing Office Address

6014 Sudbury Avenue.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

80-0274137

☒ 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

Mary Helen Pinckney

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

6014 Sudbury Avenue.

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.

#300.00

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

Mary H. Pinckney

REGISTERED AGENT MUST SIGN

Date Oct 07, 2008

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
President	Mary H. Pinckney	6014 Sudbury Ave.	Jacksonville, Florida, 32210
Officer	Javarda A. Jones	1268 Gano Ave Orange Park	Florida, 32073
Secretary	Tramaine K. Pinckney Stanberry	1127 West 27 street	Jacksonville, Florida 32209
Officer	LaToya R. Bowman	3232 Corby Street	Jacksonville, Florida 32205

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:

Mary H. Pinckney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 08, 2008

Date

(904) 772-6454

Daytime Phone #

OC 10/14