


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000106975		
1. Entity Name HELPING HAND AT HOME SERVICES INC.		

FILED

07 OCT -2 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1440 W. 29TH ST., #7 HIALEAH, FL 33012	Mailing Address 1440 W. 29TH ST., #7 HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 3900 NW 79 Ave	3. Mailing Address 3900 NW 79 Ave
Suite, Apt. #, etc. Suite 486	Suite, Apt. #, etc. Suite 486
City & State Miami, FL	City & State Miami, FL
Zip 33166	Country US

10012007 REIN-P CR2E098 (1/07)

4. FEI Number 22-3940806	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALMAGUER, ADELAYDA 1440 W. 29TH ST., #7 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE AJD (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALMAGUER, ADELAYDA 1440 W. 29TH ST., #7 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000110272240 10/04/07--01037--007 **150.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AJD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #