2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000070862

Entity Name: HELPING HAND SERVICES INC.

FILED Oct 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3504 N 16ST 3504 NORTH 16TH STREET

TAMPA, FL 33605 TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

3504 N 16ST 3504 NORTH 16TH STREET

TAMPA, FL 33605 TAMPA, FL 33605

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONEY, LEONARD CONEY, LEONARD

3504 N 16ST 3504 NORTH 16TH STREET TAMPA, FL 33605 US TAMPA, FL 33605 US

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.

SIGNATURE: LEONARD CONEY 10/10/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: PRES (X) Change () Addition

 Name:
 CONEY, LEONARD
 Name:
 CONEY, LEONARD

 Address:
 3504 N 16ST
 Address:
 3504 NORTH 16TH STREET

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 TAMPA, FL 33605

Title: VP (X) Delete Title: () Change () Addition Name: Name:

 Address:
 3504 N 16ST
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 ROSA-CONEY, RISHA
 Name:

 Address:
 3504 N 16ST
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD CONEY PRES 10/10/2008