

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 SEP 21 AM 10:18

DOCUMENT # **P92000001311**

1. Corporation Name

A HELPING HAND HFS, INC

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

1008 WHITEHOUSE BLVD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHN

3. Mailing Office Address

1008 Whitehouse Blvd

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHN

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-28-92

5. FEI Number

59-3153288

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

LAURA J. RANDALL

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

1008 Whitehouse Blvd

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32084

☒ 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

Laura J. Randall

Date **09-21-07**

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
President	Laura J. Randall	1008 Whitehouse Blvd	ST. AUGUSTINE FL 32084
Director	Deborah L. Bennett	9375 US #1 SO	ST. AUGUSTINE, FL 32086

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REINSTATEMENT

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:

Laura J. Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-04

Date

904/829-0925

Daytime Phone #