

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 JUL 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002946688--7
-07/30/99-01116--021
***1350.00 ***1350.00

DOCUMENT #

1. Corporation Name

P94000051308

Helping Hand Assisted Living, Inc.

Principal Place of Business

Mailing Address

1705 Lakeland Hills Blvd.
Lakeland, FL 33805

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59778235

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	James E. Gold	252 Birch Lane	Lakeland, FL 33813
S/T	Marla A. Gold	252 Birch Lane	Lakeland, FL 33813

REINSTATEMENT 95-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James E. Gold
1705 Lakeland Hills Blvd.
Lakeland, FL 33805

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James E. Gold

REGISTERED AGENT MUST SIGN

Date

7/19/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

James E. Gold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99

Date

Daytime Phone #

441-687-4744

CR2001 (12/98)