



# REINSTATEMENT

1. Entity ID Number:  000039814	2. The name of the entity is:  C.H.I.L.D., Inc. (Community Help and Involvement in Low-income)																											
3. Date of Revocation:  5/23/2023	4. Reason for Revocation:  Registered Office																											
5. Entity Type:  Non-Profit Corporation																												
6. The reinstatement requirements are:  <table><tr><td><input type="checkbox"/> Annual Reports (# of reports)</td><td>(report filing fee) \$</td><td>Total Fees \$</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td><td>(penalty fee) \$ 25</td><td>Total Fees \$ 25</td></tr><tr><td><input type="checkbox"/> Replacement filing fee \$</td><td></td><td></td></tr><tr><td><input type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td></tr></table>		<input type="checkbox"/> Annual Reports (# of reports)	(report filing fee) \$	Total Fees \$	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25	Total Fees \$ 25	<input type="checkbox"/> Replacement filing fee \$			<input type="checkbox"/> LOGS (Tax Good Standing)			<input type="checkbox"/> Legislative Act/Court Order			<input type="checkbox"/> Change of Agent Form (filing fee) \$			<input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by																												

FILED

JUN 7 2023

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BY ELSLER