

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PM 2:25

DOCUMENT # 601317

1. Corporation Name

Helwig & Todd, P.A.

REINSTATEMENT 10-11

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

1912 Hamilton Street

3. Mailing Office Address

1912 Hamilton Street

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

100215644391
12/29/11--01030--005 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

August 26, 1969

5. FEI Number

591269997

☐ 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

John Griffin Helwig

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

1912 Hamilton Street

Suite, Apt. #, Etc.

Suite 107

City

Jacksonville

State

FL

Zip Code

32210

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

REGISTERED AGENT MUST SIGN

Date December 28, 2011

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
P/D	John Griffin Helwig	1912 Hamilton Street - Suite 107	Jacksonville, FL 32210
V/D	Patricia Helwig Todd	1912 Hamilton Street - Suite 107	Jacksonville, FL 32210

E-mail Address: phtodd@helwigandtodd.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN GRIFFIN HELWIG 12/28/2011 904-384-9005