

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F29646**

1. Corporation Name

HELEN S DRIFTFISHING, INC.

Principal Place of Business

101 N RIVERSIDE DR
STE 107
POMPANO BEACH FL 33062
US

Mailing Address

101 N RIVERSIDE DR
STE 107
POMPANO BEACH FL 33062
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1981

5. FEI Number

59-2104367

Applied For

Not Applicable

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	WIELHOUWER, DANIEL R.	2467 DARTMOOR	BOCA RATON FL
PVPD	HALL, THOMAS W	2621 N RIVERSIDE DR	POMPANO BEACH, FL 00000
DST	HALL, JOANN M	2621 N RIVERSIDE DR	POMPANO BEACH, FL 00000

REINSTATEMENT

98

100002699231--2
-12/01/98--01070--015
****750.00 ****750.00

B- 11/24/98

8. Name and Address of Current Registered Agent

HALL, JOANN M
2621 N RIVERSIDE DR
POMPANO BEACH FL FL

9. Name and Address of New Registered Agent

Name **LISA DANA**
Street Address (P.O. Box Number is Not Acceptable)
1473 NE 25 St.
Suite, Apt. #, Etc.

City **Pompano Bch** State **FL** Zip Code **33064**

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

Lisa Dana

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/12/98**

11. This corporation owes or has paid 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:

Lisa Dana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98 (954) 941-3209
Date Daytime Phone #

CR2E040 (9/98)