

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Pg 1 OF 2

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Catherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 20 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002617

1. Corporation Name

SPECIALISTS OF ENTERPRISE, INC.

Principal Place of Business

Mailing Address

PO BOX 1621  
ENTERPRISE AL 36331

PO BOX 1621  
ENTERPRISE AL 36331



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.  
1247 Rucker Blvd #1

Suite, Apt. #, etc.

City & State  
Enterprise AL

City & State  
Enterprise, AL

Zip  
36330

Country

Zip  
36331

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1997

5. FEI Number

63-1183513

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPD	HELMS, TIFFANY	1247 RUCKER BLVD. STE 1	ENTERPRISE AL 36330

600003199186--6  
-04/07/00--01003--025  
\*\*\*\*308.75 \*\*\*\*308.75

8. Name and Address of Current Registered Agent

CORPORATE ACCESS  
1116-D THOMASVILLE DRIVE 236 E 6th Ave  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 (334) 393-2495  
Date Daytime Phone #

CR2E040 (8/99)

March 17, 2000

Florida Department of State  
Division of Corporations  
PO Box 2327  
Tallahassee, FL 32314

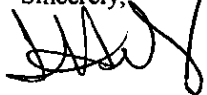
To Whom It May Concern:

I am requesting abatement on any additional charges for reinstatement on my corporation. The reason for my request for abatement is as follows:

1. Due to the corporate move, we never received a notice to re-file in Florida for 1999.
2. Our accountant at that time did not advise us to file for 1999 since we had ceased all operations in Florida.
3. Due to corporate restructure, the operations in Florida was cancelled or discontinued in 1999. However, due to our current corporate growth, we wish to reestablish our business in Florida.

Enclosed is a check for \$300 that includes the \$150 fee for 1999. Should you have any questions or problems, please contact me at (334) 393-2495.

Sincerely,



Tiffany A. Helms  
President

TAH/tds