

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION<br>FOR<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |  FLORIDA DEPARTMENT OF STATE<br><b>Glenda E. Hood</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>DOCUMENT # K78146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                          |                         |
| 1. Corporation Name<br><b>GELMO ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                          |                         |
| Principal Place of Business<br><b>%AMERICAN AUTO AIR<br/>737-A TAMiami TRAIL<br/>PORT CHARLOTTE FL 33953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Mailing Address<br><b>%AMERICAN AUTO AIR<br/>737-A TAMiami TRAIL<br/>PORT CHARLOTTE FL 33953</b>                                                                                         |                         |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                          |                         |
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | 3. New Mailing Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                       |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>03/31/1989</b>                                                                                                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | 5. FEI Number<br><b>65-0111643</b>                                                                                                                                                       |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Applied For<br>Not Applicable                                                                                                                                                            |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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    |
| PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EMARD, LARRY                        | 3222 LWAMINGTON ST.                                                                                                                                                                      | PORT CHARLOTTE FL 33980 |
| STD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MOSCATO, NANCY                      | 18601 KLINGLER CIRCLE                                                                                                                                                                    | PORT CHARLOTTE FL 33948 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                          |                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                          |                         |
| 8. Name and Address of Current Registered Agent<br><b>EMARD, LARRY<br/>737-A TAMiami TRAIL<br/>PORT CHARLOTTE FL 33953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City State Zip Code<br><b>FL</b>                     |                         |
| 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. or 617.0505, F.S.<br><br>Signature of Registered Agent <u>Larry Emard</u> Date <u>7-26-04</u><br>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.<br><br>SIGNATURE: <u>Larry Emard</u> Date <u>7-26-04</u><br>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # |                                     |                                                                                                                                                                                          |                         |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REINSTATEMENT



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CR2E040 (7/03)

AMERICAN AUTO AIR

737-A Tamiami Trail

Port Charlotte, FL 33953

(941) 629-7979

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Division of Corporations

I need to reinstate  
Helmo Enterprises, INC.

Enclosed please find  
a copy of check that state  
cashed last year. The check  
was late because I received  
no report before May and  
sent the check as soon as  
I received the late notice.

This year I also  
received no report or bill  
for this years fees.

enclosed is check for \$150<sup>00</sup>  
for the standard fee since  
I not receive statement.

The application for reinstatement  
is also enclosed which I did  
receive last Dec. but I thought  
it to be a mistake since  
the state had cashed my check. # 1759

Please call collect at 941-629-7979  
or send letter

Page  
2.

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Please if any other  
problems arise let me  
know ASAP because this  
matter needs to resolved.

Thank you

Larry Emond

call collect - 941-629-7979

write to -

**AMERICAN AUTO AIR**  
737-A Tamiami Trail  
Port Charlotte, FL 33953  
(941) 629-7979