

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

9-15-06
100.00

2007 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000017789

1. Limited Liability Company's Name

Richard L. Helms, L.L.C.

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

502 E. County Road 48

Suite, Apt. #, etc.

City & State

Bushnell, FL

Zip

33513

Country

3. Mailing Office Address

P.O. Box 1263

Suite, Apt. #, etc.

City & State

Bushnell, FL

Zip

33513

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

Feb. 22, 2005

6. FEI Number

33-1112751

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Helms, Richard L.

Street Address (P.O. Box Number is Not Acceptable)
502 E. County Road 48

Suite, Apt. #, Etc.

City
Bushnell, FL

State
FL

Zip Code
33513

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Richard L. Helms
REGISTERED AGENT MUST SIGN

Date

April 4, 2007 *qss*

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Richard L. Helms	502 E. County Road 48	Bushnell, FL 33513
			800102527099 05/15/07--01039--016 **100.00
			REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Richard L. Helms

Date

April 4, 2007

Daytime Phone #

352-303-4721

Typed or printed name of signing Managing Member/Manager

Richard L. Helms