PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126123

1. Corporation Name
Helms Financial Group, Inc.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
3839 W. Kennedy Blvd.	3839 W. Kennedy Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609-2719 Country: Hillsborough	Zip: 33609-2719 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/2002

5. FEI Number: 65-1165904 ☐ 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: HELMS, JOHN E.

Street Address (P.O. Box Number is Not Acceptable): 418 PALMETTO CRESCENT

Suite, Apt. #, Etc.:

City: NOKOMIS State: FL Zip Code: 34275-3030

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: J. E. Helms Date: 10/31/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Helms, John E.	418 Palmetto Crescent	Nokomis FL 34275-3030

10. 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: J. E. Helms John E. Helms 10/31/2003 813-354-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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HELMS FINANCIAL GROUP, INC.

Steering You Toward a Successful Financial Future

October 31, 2003

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Reinstatement Representative:

Please find enclosed a revised, replacement application for Corporation Reinstatement. We submit this application following continued "inactive" status. The application for Corporation Reinstatement was originally submitted and received at your office, along with our check in the amount of $150.00 on 9/17/03. The funds were deposited, but the form was returned to 418 Palmetto Crescent, Nokomis, FL on the same day, 9/17/03, to be completed with the FEI Number. That document was received on or about 9/22/03, completed and returned to your office ***immediately***, but to date, it is not showing has having been received.

On the advice of Kathy in your office this morning, we are submitting this "replacement" document in order to expedite the reinstatement. Please note that since the State has already received and deposited the $150.00 fee, we respectfully request that this application be processed as immediately as possible, and Helms Financial Group, Inc., placed on "active" status.

Please do not hesitate to call this office if you have any questions, or if there is anything our office can do to assist and expedite processing.

Sincerely,

Barbara McAulay Friend
Executive Director
Assistant to John E. Helms, CLU

/b

Enclosure (1)

VIA OVERNIGHT MAIL

3839 WEST KENNEDY BLVD TAMPA, FL 33609 · TEL: 813-354-1780 FAX: 813-354-1870
Investment Advisor Representative with and securities offered through InterSecurities, Inc. Member NASD/SIPC.