

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.

2. Principal Office Address

3839 W. Kennedy Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3839 W. Kennedy Blvd.

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

REINSTATEMENT 03

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

John E. Helms
REGISTERED AGENT MUST SIGN

Date 10/31/2003

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:

John E. Helms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2003 813-354-1780

Date

Daytime Phone #

CR2E081 (10/02)

21

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

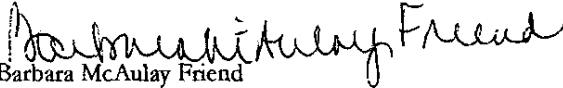
Dear Reinstatement Representative:

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