

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 13 PM 4:51

DOCUMENT # P04000002490

1. Corporation Name

Jack Helvie Inc.

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

455 Foresta Terrace

Suite, Apt. #, etc.

City & State

West Palm Beach Fl.

Zip

33415

Country

U.S.A.

3. Mailing Office Address

455 Foresta Terrace

Suite, Apt. #, etc.

City & State

West Palm Beach Fl.

Zip

33415

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida 01/01/04

5. FEI Number

510483216

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

Jack A. Helvie

Street Address (P.O. Box Number is Not Acceptable)

455 Foresta Terrace

Suite, Apt. #, Etc.

City

West Palm Beach Fl.

State

FL

Zip Code

33415



The 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 reinstatement
fee be waived.

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

Jack A. Helvie

REGISTERED AGENT MUST SIGN

Date 06/11/08

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	Jack A. Helvie	455 Foresta Terrace	West Palm Beach Fl. 33415

B 6/13/08

REINSTATEMENT 06-08

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06/13/08--01036--010 **450.00

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 contained in Chapter 119, 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:

Jack A. Helvie Jack A. Helvie

06/11/08

561-371-6869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #