

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 23 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 9200000 2234**

1. Corporation Name

DM of SAVASOTA, INC.

2. Principal Office Address

1236 CENTRAL AVE 5300 OCEAN BLVD

Suite, Apt. #, etc.

SAVASOTA

City & State

SAVASOTA FL

Zip

34230

Country

U.S.

3. Mailing Office Address

5300 OCEAN BLVD

Suite, Apt. #, etc.

1102

City & State

SAVASOTA, FL

Zip

34242

Country

US

REINSTATEMENT

98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

NOV, 2, 1992

5. FEI Number

65-0428155

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

R L HELMS

600003912336

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

765 TROPICAL CIR

Suite, Apt. #, Etc.

City

SAVASOTA, FL

State

FL

Zip Code

34242

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

R L HELMS

REGISTERED AGENT MUST SIGN

Date

3-22-01

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/Sec	R. L. HELMS	765 TROPICAL CIR.	SAVASOTA, FL 34242
VP/H	R. B. HELMS	765 TROPICAL CIR	SAVASOTA, FL 34242

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:

R L HELMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. L. HELMS

Date

3/22/01 941-366-3357

Daytime Phone #

CR2E081 (9/00)