

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 20 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P93000061765*

WOL 2428

1. Corporation Name
HELMS BROS, INC.

Principal Place of Business Mailing Address
7201 PLUMOSA LANE 7201 PLUMOSA LANE
FORT PIERCE, FL 34951 FORT PIERCE, FL 34951

REINSTATEMENT

95-96
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
7201 PLUMOSA LANE
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable
7201 PLUMOSA LANE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
8/30/93

City & State
FORT PIERCE FL

City & State
FORT PIERCE FL

5. FEI Number
65-0426200

Applied For
Not Applicable

Zip
34951 Country
ST LUCIE

Zip
34951 Country
ST LUCIE

6. CERTIFICATE OF STATUS DESIRED 5875 Additional Requirements for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>D/P</i>	<i>HELMS, JERRY W.</i>	<i>7201 PLUMOSA LANE</i>	<i>FORT PIERCE FL 34951</i>
<i>D/VP</i>	<i>HELMS, HAROLD D</i>	<i>722 S.W. Goodrich ST</i>	<i>PORT ST LUCIE FL 34983</i>
<i>D/ST</i>	<i>HELMS, CAROLYN</i>	<i>7201 PLUMOSA LANE</i>	<i>FORT PIERCE FL 34951</i>
			<i>700002038337--1</i> <i>-12/26/96--01026--005</i> <i>****583.75 ****583.75</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELMS, JERRY W.
7201 PLUMOSA LANE
FORT PIERCE FL 34951

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jerry W. Helms*
REGISTERED AGENT MUST SIGN

Date *12-18-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: *Jerry W. Helms* **JERRY HELMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 9, 1996 *561-464-6075*
Date Daytime Phone #

CR2E040 (12/95)