

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*

1. Corporation Name

HELMS BROS, INC.

Principal Place of Business

*7201 PLUMOSA LANE
FORT PIERCE, FL 34951*

Mailing Address

*7201 PLUMOSA LANE
FORT PIERCE, FL 34951*

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

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

5. FEI Number

65-0426200

Applied For

Not Applicable

City & State

FORT PIERCE FL

City & State

FORT PIERCE FL

Zip

34951

Country

ST LUCIE

Zip

34951

Country

ST LUCIE

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee Required
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>

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*****583.75 ****583.75*

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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 do 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
Date

561-464-6075
Daytime Phone #

CR2040 (12/95)