

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

99 FEB -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000087797

1. Corporation Name

H, H, & M ENTERPRISE INC

Principal Place of Business

4540-H LAFAYETTE COURT
MARIANNA FL 32447

Mailing Address

4540-H LAFAYETTE COURT
MARIANNA FL 32447



REINSTATEMENT

98 ew

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1997

5. FEI Number

59-3448920

Applied For

Not Applicable

6.

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
1	2	3	4
Pres	Kenneth H. Helfert	4990 Flint Drive	Marianna, FL 32446
Vice Pres	Norman D. Haas	7554 Yellow Bluff Road	Panama City, FL 32404
Dir.	James P. McMonagle	121 Tidewater Drive	Bradenton, FL 34210
Dir.	Michael P. Haas	613 Ross Street	Ann Arbor, MI 48103

2000002770682-7
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****750.00 ****750.00

8. Name and Address of Current Registered Agent

1
HELFFERT, KENNETH H
4990 FLYNT DRIVE
MARIANNA FL 32446

9. Name and Address of New Registered Agent

Name

N/A

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

Kenneth H. Helfert
REGISTERED AGENT MUST SIGN

Date 30 Nov 98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Kenneth H. Helfert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Nov 98 850 482-6911
Date Daytime Phone #