

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-04

DOCUMENT # P 97000087797

1. Corporation Name

H, H, & M Enterprises, Inc

2. Principal Office Address

4540-H LaFayette St.

3. Mailing Office Address

4540-H LaFayette St.

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

Suite H

City & State

Marianna, Fla

City & State

Marianna, Fla

Zip

32446

Country

Jackson

Zip

32446

Country

Jackson

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. Name and Address of Current Registered Agent

Name

Kenneth H. Helfert

900034818859

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

4132 Park Place Road

04/30/04--01019--020 **1500.00

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

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

Kenneth H. Helfert

REGISTERED AGENT MUST SIGN

Date

April 28, 2004

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	Kenneth H. Helfert	4132 Park Place Road	Marianna, Fla 32446
VP-D	Norman D. Haas	7554 Yellow Bluff Rd	Panama City, Fl 32404
D	James P. McMonagle	121 Tidewater Drive	Bradenton FL 34210
D	Michael P. Haas	223 E. Ann Unit #2	Ann Arbor, Mich 48104
SD	Julie M. Helfert	4663 Shankle Drive	Marianna, Fla 32446

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:

Kenneth H. Helfert Kenneth H. Helfert 28 April 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-482-6911

CR2E081 (01/04)