

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000046835

1. Corporation Name

HELEN R. COTTOM, P.A.

Principal Place of Business

Mailing Address

8223 CR 109 D-2  
LADY LAKE FL 32159

P.O. BOX 534  
LADY LAKE FL 32158-0534

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1998

5. FEI Number

59-3523056-090612

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COTTOM, HELEN R	8223 CR 109 D-2	LADY LAKE FL 32159
D	COTTOM, LEONARD I	8223 CR 109 D-2	LADY LAKE FL 32159

800003070688--3  
-12/15/99--01025--016  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COTTOM, HELEN R  
8223 CR 109 D-2  
LADY LAKE FL 32159

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Heleen R. Cottom P.A.*  
REGISTERED AGENT MUST SIGN

Date

11-9-99

11. 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:

*Heleen R. Cottom P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-99

Date

352-753-0707

Daytime Phone #

AD  
1002058 AF



## ASSET PROTECTION TRUST, INC.

Sharon A. Kelly  
127 South Highway 27/441  
P. O. Box 636  
Lady Lake FL 32158-0636

Telephone (352) 750-3990

Fax# (352) 750-2277

NOV 12 1999

November 7, 1999

Florida Department of State  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir,

I am writing on behalf of Helen Cottom in regards to the dissolution of her corporation, Helen R. Cottom, P.A. Her business was incorporated on June 1<sup>st</sup> of 1998 and this would have been the first annual report they would have filed.

During the time frame that the report was due, her husband suffered a major heart attach, was hospitalized and went through four major surgeries. The last thing on her mind was filing a report she wasn't even used to filing.

The reinstatement fee of \$750.00 would create a hardship I'm not convinced they could afford with all the medical bills they have incurred. Therefore I am requesting that the penalty be abated and that their corporation be returned to an active status. I realize that there is no provision in the statute to waive fees but feel there must be something you can do to assist us in this matter. Enclosed is a check for the normal fee of \$150.00 in the hopes that you may be able to help us.

Respectfully submitted,

  
Sharon Kelly, Accountant

Encl.

cc: Governor Jeb Bush  
The Capitol  
Tallahassee, FL 32399

Senator Anna Cown  
P. O. Box 490238  
Leesburg, FL 34748

Representative Everett Kelley  
123 N St. Clair Abrams  
Tavares, FL 32778