

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

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

FILED

99 DEC -6 PM 4: 50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/01/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3523056-090612	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

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. Date: 11-9-99
 REGISTERED AGENT MUST SIGN

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. Date: 11-9-99 Daytime Phone #: 352-753-0707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2200 (8/99)

AD



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 1st 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