# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S16920

1. Entity Name
HELEN S. LETTER & ASSOCIATES, INC

FILED
05 FEB 28 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02252005 REIN-P CR2E098 (6/04)

| Principal Place of Business | Mailing Address |
|---|---|
| 400 N NEW ENGLAND AVENUE<br>#1<br>WINTER PARK, FL 32789 | 400 N NEW ENGLAND AVENUE<br>#1<br>WINTER PARK, FL 32789 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1101 HARBOUR VIEW CR | 1101 HARBOUR VIEW CR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: LONGWOOD FL | City & State: LONGWOOD FL |
| Zip: 32750 Country: | Zip: 32750 Country: |

4. FEI Number: 59-3040374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LETTER, HELEN S.<br>400 N NEW ENGLAND AVENUE<br>#1<br>WINTER PARK, FL 32789 | Name: Letter, Helen S.<br>Street Address (P.O. Box Number is Not Acceptable): 1101 HARBOUR VIEW CR<br>City: LONGWOOD FL Zip Code: 32750 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Helen S. Letter
Signature, typed or printed name of registered agent and the date of this event. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>LETTER, HELEN S.<br>400 N NEW ENGLAND AVENUE, #1<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Add'l on<br>1101 HARBOUR VIEW CIRCLE<br>LONGWOOD, FL 32750 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Add'l on |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Add'l on<br>400004792491 4<br>03/08/05--01018--014 **300.00 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Add'l on<br>REINSTATEMENT 04-05 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Add'l on |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Add'l on |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen S. Letter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR