

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

98 DEC 21 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35163

1. Corporation Name

HELFMAN & MEHR, P.A.

Principal Place of Business

415 5TH STREET
WEST PALM BEACH FL 33418

Mailing Address

415 5TH STREET
WEST PALM BEACH FL 33418



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

05/11/1992

Suite, Apt. #, etc.

215 FIFTH ST., Suite 300

Suite, Apt. #, etc.

215 FIFTH ST., Suite 300

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401

Country

U.S.A.

Zip

33401

Country

U.S.A.

5. FEI Number

65-0333736

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 |
|----------|--------------------------------------|---|--------------------|
| D | HELFMAN, GARY S | 376-1 PRESTWICK CIR | PALM BEACH GDNS FL |
| VP | MEHR, PAUL F. | 2 415 5TH STREET | WEST PALM BEACH FL |
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REINSTATEMENT

98 TS. 12/28/98

800002725718--9

-12/29/98-01101-025

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELFMAN, GARY S
415 5TH STREET
WEST PALM BEACH FL 33401

Name

Meher, Paul F.

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

215 FIFTH STREET

Suite, Apt. #, Etc.

Suite 300

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

Paul F. Meher

REGISTERED AGENT MUST SIGN

Date 11/15/98

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:

Paul F. Meher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-98

Date

561-820-6576

Daytime Phone #