

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

14 DEC 10 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** \_\_\_\_\_

CR2R081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 147646

1. Corporation Name

**Ralph Helms Construction, Inc.**

2. Principal Office Address - No P.O. Box # <b>4774 Mimosa Street</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>4774 Mimosa Street</b> Suite, Apt. #, etc.
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City & State <b>Baton Rouge, LA</b>	City & State <b>Baton Rouge, LA</b>
Zip <b>70808</b>	Country <b>USA</b>
Zip <b>70808</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>7/1/1948</b>	
5. FEI Number <b>59-0549121</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <b>\$8.75</b> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>CT Corporation</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd</b>	
Suite, Apt. #, Etc. <b>250</b>	
City <b>Plantation</b>	State / Zip Code <b>FL 33224</b>

**300266110923**  
12/10/14--01026--011 \*\*150.0

**300266110923**  
11/03/14--01013--012 \*\*952.5

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 617.0503, F.S.

Signature of Registered Agent: *Angel Nunez* **Angel Nunez** Date: October 28, 14  
REGISTERED AGENT MULTIPLE ASSISTANT SECRETARY

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	Ralph Lee Helms, Jr.	4774 Mimosa Street	Baton Rouge, LA 70808
VP	Ralph Lee Helms, Jr.	4774 Mimosa Street	Baton Rouge, LA 70808

10 E-mail Address: mark.mese@keanmiller.com

(To be used for future annual report notification)

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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.165, F.S.

SIGNATURE: *Angel Nunez* **Angel Nunez** Date: 10/31/14 225.921.1058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE

DEC 11 2013

G. CARROTHERS