

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary
 DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 2:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

99AK

DOCUMENT # **F97000001421**

1. Corporation Name
HELPMATE ROBOTICS INC.

Principal Place of Business SHELTER ROCK LN DANBURY CT 06810	Mailing Address SHELTER ROCK LN DANBURY CT 06810
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 03/19/1997	5. FEI Number 06-1110906	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee is 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
DC	ENGELBERGER, JOSEPH F	109 TOWNTON HILL RD	NEWTOWN CT 06470
D	SANDLER, SHELDON	11131 TAYLOR CT	LAWRENCEVILLE NJ 08648
D	BARRETT, JOHN E	27 INDIAN POINT LN	RIVERSIDE CT 06876
D	Sullivan, Theodore	47 Lake View Drive	Old Teppen, NJ 07675
PT	SWEENEY, THOMAS K	15 COVE RD	BROOKFIELD CT 06804
VPM	Fred T. Cordano	32 Lake Place North	Danbury, CT. 06810
D	COTE, JOSEPH G.	19 MALLARD DR LLOYD NECK	HUNTINGTON NY 11743
AS	SHEPARD, PRUDENCE	GRAYS PLAIN RD	NEWTOWN CT 06482

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200003032452--7 Suite, Apt. #, Etc. -11702799--01070--007 ****150.00 ****150.00 City State FL Zip Code
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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: J. F. Engellinger Date: 13 Oct 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: J. F. Engellinger Date: 13 Oct 99 Daytime Phone #: 203-981-8988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2200 (8/99)

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October 13, 1999

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

Re: 06-1110906
Annual Report

To Whom It May Concern:

Enclosed please find our 1999 annual report and a check for \$150.00. We would like to inform you that we never received the original form and this is the reason you are receiving this report late

Thank you for your cooperation on this matter

Sincerely,

A handwritten signature in cursive script that reads 'Frances Brusca'.

Frances Brusca