

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

PS 1 72
FILED
04 JUN -4 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013229

1. Corporation Name

Helling Travel Systems, Inc.

2. Principal Office Address

5317 Majestic Court

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

USA

3. Mailing Office Address

1907 S.E. 35th Street

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/10/1997

5. FEI Number

65-0729320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darrin R. Schutt, Esq.

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

1105 Cape Coral Parkway East

Suite, Apt. #, Etc.

Suite C

City

Cape Coral,

State

FL

Zip Code

33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Date 4/30/04

REGISTERED AGENT MUST SIGN

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.T	Bernd Helling	Berg Strasse 23	D-56242 Seltes Germany
VP,S	Jutta Helling	Berg Strasse 23	D-56242 Seltes Germany 2100

10. 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:

Bernd Helling, Pres

5/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 2002

SCHUTT LAW FIRM, P.A.

Attorneys and Counselors at Law
1105 Cape Coral Parkway East, Suite C
Cape Coral, Florida 33904
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Darrin R. Schutt *

Keith R. Macy

Ernest A. Seemann
of Counsel
* Admitted in Fl. & Ga.

May 28, 2004

Secretary of State
Division of Corporations – Reinstatement Division
P.O. Box 6327
Tallahassee, Florida 32314

RE: **HELLING TRAVEL SYSTEMS, INC.**
Reinstatement

Dear Sir or Madam:

Please find enclosed a Corporation Reinstatement for **HELLING TRAVEL SYSTEMS, INC.** The Corporation was administratively dissolved last year when the then registered agent, Gisela Soyke, filed her termination and resignation as the Corporation's registered agent.

Unfortunately, contrary to what is stated in her resignation, Ms. Soyke did not inform the Corporation's principals of her resignation. As a result, the Corporation did not have a chance to name a new registered agent, and recently upon not receiving information concerning the annual report, discovered that it had been dissolved.

We are asking that the Department of Corporations waive the reinstatement fee and accept the payment of this year's fee of \$150.00 for 2004 (annual fee for 2003 was paid in April of that year). Please note that I have signed as registered agent for the Corporation.

Should you have any questions or need further information, please do not hesitate to contact me.

Sincerely,



Darrin R. Schutt, Esq.
Enclosures

Cc: Client