

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004205

Entity Name: HELICONIA 2K, INC.

FILED  
Oct 06, 2009  
Secretary of State

## Current Principal Place of Business:

C/O MICHAEL J BODAH CPA 2443 PINE WOOD CR  
NAPLES, FL 34105

## New Principal Place of Business:

## Current Mailing Address:

C/O MICHAEL J BODAH CPA 2443 PINE WOOD CR  
NAPLES, FL 34105

## New Mailing Address:

FEI Number: 80-0033074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BODAH, MICHAEL CPA  
2443 PINWOOD CIRCLE,  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: MICHAEL J BODAH CPA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: KIMBERLY WILLIAM DURLING  
Address: 2 LAPWING CLOSE, SELSDON VALE  
City-St-Zip: S. CROYDEN, SURREY, EN CR2 UK

Title: VCV ( ) Delete  
Name: HESS, RAYMOND V  
Address: 1348 HIGHLAND DRIVE  
City-St-Zip: NAPLES, FL 34105 US

Title: D ( ) Delete  
Name: DURLING, COLLEEN  
Address: 2 LAPWING CLOSE, SELSDON VALE  
City-St-Zip: S. CROYDEN, SURREY, EN CR2 8TD UK

Title: DST ( ) Delete  
Name: DURLING, MANUELA M  
Address: 955 MARINE DRIVE, APT 1601  
City-St-Zip: WEST VANCOUVER, BC V7T 1A9 CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUELA DUERLING

SEC

10/06/2009

Electronic Signature of Signing Officer or Director

Date