## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000005368

intity Name: HELIX GLOBAL SOLUTIONS (USA)

4612 CHEMIN BOIS FRANC

City-St-Zip: ST LAURENT, PQ H4S 1A7 CA

Address:

FILED Mar 28, 2008 Secretary of State

Entity Nar	me: HELIX GL	OBAL SOLUTIONS (USA) INC	<b>)</b> .			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
2101 NW 8 MIAMI, FL	32ND AVENUE 33122 US					
Current M	lailing Addres	s:	New Mailing Addres	s:		
2101 NW 8 MIAMI, FL	32ND AVENUE 33122 US					
FEI Number:	: 98-0435211	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
	E, CHRISTOPHI B2ND AVENUE 33122 US					
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,		
SIGNATUR	RE: C LECAN	NE				
	Electroni	ic Signature of Registered Age	nt	Date		
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () SHADEED, BRU 4612 CHEMIN B ST LAURENT, P	OIS FRANC	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () AJRAM, DOUGL 4612 CHEMIN B ST LAURENT, P	OIS FRANC	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	ST () ASSI, NEHMAN	Delete	Title: Name:	( ) Change ( ) Addition		

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.

Address:

City-St-Zip:

IGNATURE:	DOUGLAS AJRAM	PRES	03/28/2008
IGNATURE:	DOUGLAS AJRAM	PRES	03/28/2008