

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 NOV 19 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F29647

1. Corporation Name

HELEN S INTERNATIONAL, INC.

Principal Place of Business

125 N RIVERSIDE DR.
POMPANO BEACH FL 33062

Mailing Address

101 N RIVERSIDE DR.
SUITE # 107
POMPANO BCH FL 33062
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1981

5. FEI Number

59-2104446

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
DST	HALL, JOANN M	2621 N RIVERSIDE DR	POMPANO BCH, FL 00000
D	WIELHOUWER, DANIEL R.	2467 DARTMOOR	BOCA RATON FL
PVPD	HALL, THOMAS W	2621 N RIVERSIDE DR	POMPANO BCH, FL 00000

000002698568--6
-12/01/98--01028--014
****750.00 ****750.00

11/12/98

8. Name and Address of Current Registered Agent

HALL, JOANN M
2621 N RIVERSIDE DR
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name **LISA DANA**
Street Address (P.O. Box Number is Not Acceptable)
1473 NE 25 St.
Suite, Apt. #, Etc.

City **Pompano Bch.** State **FL** Zip Code **33064**

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

Lisa Dana

REGISTERED AGENT MUST SIGN

Date **11/12/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98 (954) 941-3209
Date Daytime Phone #

CR2ED40 (9/98)