
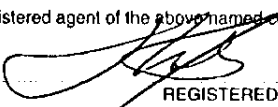
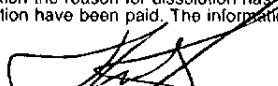


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">97 OCT 27 PM 1:15</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">600815</span>					
<b>1. Corporation Name</b> HELA INVESTMENT CORPORATION 6456 S.W. 15 Street Miami, Florida 33144					
<b>Principal Place of Business</b> 6456 S.W. 15th Street Miami, Florida 33144			<b>Mailing Address</b> 6456 S.W. 15th Street Miami, Florida 33144		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. New Mailing Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/20/82 <b>5. FEI Number</b> 59-2223215 <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <span style="font-size: 0.8em;">\$8.75 Additional Fee required for a Certificate of Status</span>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P.D.	LUISA EULALIA RODRIGUEZ DE VAZQUEZ	6456 S.W. 15th Street	Miami, Florida 33144		
VP.S.D	MODESTO VAZQUEZ RODRIGUEZ	6456 S.W. 15th Street	Miami, Florida 33144		
T.D.	ROBERTO VAZQUEZ RODRIGUEZ	6456 S.W. 15th Street	Miami, Florida 33144		
VS.	JUAN E. VALDES	4160 W. 16th Ave., #402	Hialeah, Florida 33012		
			000002331140--0 10/28/97--01022--001 ****758.75 ****758.75		
<b>8. Name and Address of Current Registered Agent</b> VIRGINIA RODRIGUEZ 6456 S.W.15 Street Miami, Florida 33144			<b>9. Name and Address of New Registered Agent</b> Name JUAN E. VALDES Street Address (P.O. Box Number is Not Acceptable) 4160 W. 16th Avenue Suite, Apt. #, Etc. Suite 402 City Hialeah State FL Zip Code 33012		
<b>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.</b> Signature of Registered Agent  <span style="float: right;">Date 10/23/97</span> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> SIGNATURE:  JUAN E. VALDES 10/23/97 (305) 825-1985					

CR2E040 (12/95)