

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 12 PM 2:46	
DOCUMENT # H92474					
1. Corporation Name HELIPLEX SERVICES, INC					
Principal Place of Business 1510 AIRLINE DR SANFORD, FL 32773		Mailing Address P.O. Box 951899 LAKE MARY, FL 32795			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 12-31-85	
				5. FEI Number 59-2827079	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4		
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		
PRES	ROBERT R UTTAL	2618 N. WESTMORLAND DR ORLANDO, FL 32804	ORLANDO, FL 32804		
CHA	MURIEL UTTAL	2668 WESTMORLAND DR	ORLANDO, FL 32804		
SEC	TODD UTTAL	3270 LANDTREE PLANE	ORLANDO, FL 32802		
				900003018589--7 10/19/99--01067--001 ***750.00 ***750.00 10/10/99	
8. Name and Address of Current Registered Agent SCOTT JOHNSON, ESQ % HOLLAND & KNIGHT 200 S. ORANGE AVE SUITE 2600 ORLANDO, FL 32801			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
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: Scott Johnson Date: 9/30/99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath.					
SIGNATURE: ROBERT R. UTTAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/5/99 407-324-4110 Date Daytime Phone #		

CR2E001 (12/98)