

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004310

1. Limited Liability Company's Name

HELIUM INVESTMENT, L.L.C.

2. Principal Office Address

975 6TH AVENUE S

Suite, Apt. #, etc.

101

City & State

NAPLES FL

Zip

34102

Country

USA

3. Mailing Office Address

975 6TH AVE S

Suite, Apt. #, etc.

101

City & State

NAPLES FL

Zip

34102

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/18/02

6. FEI Number

20-0584677

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DEMIAN M. KRUCHTEN, Esq.

Street Address (P.O. Box Number is Not Acceptable)

975 6TH AVE. S

Suite, Apt. #, Etc.

101

City

NAPLES

State

FL

Zip Code

34102

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

DM Kruchten

Date 5-4-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	DEMIAN M. KRUCHTEN	975 6TH AVE S #101	NAPLES FL 34102
MEM	Lee A. Fisher	PO Box 2361	NAPLES FL 34106

REINSTATEMENT

63-04
AK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of
Managing Member/Manager

DM Kruchten

Date

5-4-04

Daytime Phone #

239775-8962

Typed or printed name of signing Managing Member/Manager

DEMIAN M. KRUCHTEN