PLEASE READ	ALL INSTR	UCTIONS	BEFORE C	COMPLET	ING THIS FORM.	
APPLICATION	FLORIDA D	DEPARTMEN	NT OF STATE	٦		
• FOR	≂¥i	<b>atherine Ha</b> ecretary of S			at C street	
REINSTATEMENT	DIVISI	ION OF CORPOR	RATIONS		FILED	
DOCUMENT #	276 /NC	2			00 MAR 29 AM 10: 52	
					SECRETARY OF STATE TALLAHÁSSEE, FLORIDA	
Principal Place of Business	Mailing Address	<del></del>		Va	>	
5865 NE 2 Ave Same				X10		
MIAMI., FC. 33137						
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.				4. Date Incorporated or Qualified To Do Business in Florida 04/23/1990		
City & State				5. FEI Number Applied For Not Applicable		
Zip Country	Zip	Country	,	-6	S8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and	d/or Director (Florida	nonprofit corporat	tions must list at lea	<u> </u>	for a Certificate of Status	
Title(s) and/or Directors Offi			et Address of Each cer and/or Director e Post Office Box N		City / State / Zip	
Resided 246MUNT AZARGWICZ 12996 54				umbers,	DAVIE, FC. 33330	
Secretar BEBE H. AZARE	w1c2 12	996 SW	40 31		DAVIE, FC. 33330	
				-		
		91-	00			
REMISTATEMENT 1,000,000 MD						
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
- STEVEN JONES Street Address				P.O. Box Number is Not Acceptable)  Control of the		
9999 NE 2 AVE SUITE 216  9508 BRIFFIN ROAD  Suite, Apt. #, Etc.						
City 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 X (2) about Helix REGISTERED AGENT MUST SIGN  Date 3/14/2000						
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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 filling 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 if made under oath.						
	,			اسلم	anna ( )	
SIGNATURE: X SIGNATURE AND TYPED OR PR	HREE INTED NAME OF SIGNIN	NG OFFICER OR DI	RECTOR	3/14/3	Date   305/754-7452	