

**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

04 NOV -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 04**



10262004 REIN-P CR2E098 (6/04)

4. FEI Number **59-3679212** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # P00000097495**  
1. Entity Name  
**HELMY INVESTMENTS GROUP, INC.**



Principal Place of Business  
**11215 SPINNING REEL CIRCLE  
ORLANDO, FL 32825**

Mailing Address  
**PO BOX 780636  
ORLANDO, FL 32878-0636**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**6. Name and Address of Current Registered Agent**  
**HELMY, MOHAMED S  
11215 SPINNING REEL CIRCLE  
PO BOX 780636  
ORLANDO, FL 32825**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HELMY, MOHAMED S</b> <b>11215 SPINNING REEL CIRCLE</b> <b>ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700042354987</b> <b>11/01/04--01059--012 **150.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **10/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #