PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107963

1. Corporation Name

HELKO REJUVENATIONS, INC.

2. Principal Office Address	3. Mailing Office Address
3500 MYSTIC POINTE DRIVE	150 SE 2ND AVENUE
Suite, Apt. #, etc.: #3808	Suite, Apt. #, etc.: #1200
City & State: AVENTURA, FL	City & State: MIAMI, FL
Zip: 33180 Country: U.S.	Zip: 33131 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1058147 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HELEN KOVALSKI

300035730343
05/07/04--01009--008 **60.00

Street Address (P.O. Box Number is Not Acceptable): 3500 MYSTIC POINTE DRIVE

Suite, Apt. #, Etc.: #3808

City: AVENTURA State: FL Zip Code: 33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Helen Kovalski Date: 4/29/04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KOVALSKI, HELEN	3500 MYSTIC POINTE DRIVE SUITE #3808	AVENTURA, FL 33180

REINSTATEMENT 01-04

10. 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 if made under oath.

SIGNATURE: Helen Kovalski 4/29/04 305-9655086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

April 29, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: HELKO REJUVENATIONS, INC.
CORPORATION REINSTATEMENT
DOCUMENT #P00000107963

Dear Sir or Madam:

Enclosed please find a check in the amount of $600.00 and Corporation Reinstatement report for my company.

I did not receive the form for the year 2001 or the following years due to the fact that the suite number on your records is incorrect. The state has my suite number as 3800 when it should be #3808.

I respectfully request that you waive the reinstatement fee and file my reinstatement form so that I may be current with the State.

Thank you for your assistance in this matter.

Sincerely,

Helen Kovalski

Helen Kovalski

Enclosures