

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000104237

FILED  
Sep 19, 2007  
Secretary of State

Entity Name: HELIOS FINANCIAL CENTER INC.

## Current Principal Place of Business:

4423 DEL PRADO BLVD  
CAPE CORAL, FL 33990 US

## New Principal Place of Business:

4423 DEL PRADO BLVD  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

4423 DEL PRADO BLVD  
CAPE CORAL, FL 33990 US

## New Mailing Address:

430 SW 43RD STREET  
CAPE CORAL, FL 33904 US

FEI Number: 20-3200839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOSSERT, TROY A  
210 SOUTH DEL PRADO BLVD  
SUITE #6  
CAPE CORAL, FL 33990 US

## Name and Address of New Registered Agent:

BOSSERT, TROY A  
4423 DEL PRADO BLVD  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: TROY BOSSERT

09/19/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: BOSSERT, NIKKI  
Address: 4423 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: S ( ) Delete  
Name: FORREY, MERCEDES  
Address: 4423 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33990 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKKI BOSSERT

P

09/19/2007

Electronic Signature of Signing Officer or Director

Date