PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 28 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05291

1. Corporation Name:
HELENA INC.

Principal Place of Business:
3801 W. ALABAMA
HOUSTON, TEXAS 77027

Mailing Address:
P.O. BOX 22500
HOUSTON, TEXAS 77227

SH S/2

If above addresses are incorrect, clearly type the Principal Business Information and Mailing Address correction below.

2. New Principal Office Address, If Applicable:
Suite, Apt. #, etc.:
City & State:
Zip: County:

3. New Mailing Office Address, If Applicable:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/13/85

5. FEI Number: 74-1828637 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: [ ] YES [ ] NO

7. Name and Street Address of Each Officer and/or Director (Florida corporations must list at least 3 directors)

Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (DO NOT USE Post Office Box Numbers)	City / State / Zip
VP	GLENN GRAFF	3810 W. ALABAMA	HOUSTON, TEXAS 77027
SEC.	CONSTANCE LINBECK	3810 W. ALABAMA	HOUSTON, TEXAS 77027

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****915.00 ****915.00

8. Name and Address of Current Registered Agent:
CT. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

9. Name and Address of New Registered Agent:
Name:
Street Address: (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

10. I, being a person of the requisite age of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature]
REGISTERED AGENT MUST SIGN
Date: 25 APRIL 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes [ ] 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 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 that the name 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 correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] WILLIAM J. RIEGLER V.P. 4/17/97 713 621-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #