


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 AM 4:42

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013423

1. Corporation Name

HELAIN, INC.

2. Principal Office Address - No P.O. Box #

3681 Mohler Road

Suite, Apt. #, etc.

City & State

Cincinnati, OH

Zip

45241

Country

USA

3. Mailing Office Address

3681 Mohler Road

Suite, Apt. #, etc.

City & State

Cincinnati, OH

Zip

45241

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/15/1993

5. FEI Number

65-0393722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

100201535801

04/13/11--01002--011 **908.75

CR28981 (11/10)

7. Name and Address of Current Registered Agent

Name

David Ain

Street Address (P.O. Box Number is Not Acceptable)

3211 South Ocean Boulevard

Suite, Apt. #, Etc.

901

City

Highland Beach

State

FL

Zip Code

33487

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

[Handwritten Signature]

Date

4/11/11

REGISTERED AGENT MUST SIGN

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 P	Stewart L. Ain	85 Old Brook Road	Dix Hills, NY 11746
D VP T	Howard I. Ain	3681 Mohler Road	Cincinnati, OH 45241
D S	Roberta M. Ain	133 West 14th Street #5	New York, NY 10011

10. E-mail Address: **roberta.ain@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

4/11/11

561-276-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 10-11

4/13/11

[Handwritten Initials]