

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN -3 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044064

**1. Corporation Name**

HELEN TRADE, INC.

**2. Principal Office Address**

444 Brickell Ave, Suite 51

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

444 Brickell Ave, Suite 51

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

**REINSTATEMENT**

96-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/21/1993

**5. FEI Number**

65-0431126

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

CARLOS MENDEZ

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

444 Brickell Ave, Suite 51

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

300043812888

01/03/05-01052-011-\*\*-2100.00

**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

*Carlos Mendez*

REGISTERED AGENT MUST SIGN

Date 12/27/2004

**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
P/S/D	CARLOS MENDEZ	444 Brickell Ave, Suite 51	Miami, FL 33131

**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:**

*Carlos Mendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-27-04

Daytime Phone #

305-331-8642

CR2E081 (01/04)

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