

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jeffrey Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096025

1. Corporation Name

HELKA CORPORATION

Principal Place of Business

ONE S. OCEAN BLVD., SUITE 212
BOCA RATON FL 33432

Mailing Address

ONE S. OCEAN BLVD., SUITE 212
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1998

5. FEI Number

65-0878678

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KATTOURA, BASSAM K	ONE S. OCEAN BLVD., SUITE 212	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

KATTOURA, BASSAM K
ONE S. OCEAN BLVD., SUITE 212
BOCA RATON FL 33432

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 appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10.12.99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

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One S. Ocean Blvd. #212
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

October 13, 1999

Division of Corporation
Reinstatement Section
Tallahassee, FL

Ref: Helka Corporation
P98000096025


Dear Sirs,

We are in receipt of your notice to dissolve the corporation for not filing the annual report. Please be advised that we have mailed the report on April 1999 along with the fee of \$150.00. According to one of your representative you have mailed back for correction but we did not receive anything. So please accept this as the filing since the fees have already been paid.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,


Andre K Kattoura