

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000105463**

1. Corporation Name

HELMET CITY INC.

REINSTATEMENT 01-03
000025538570
12/16/03--01073--011 **450.00

2. Principal Office Address

1505 POINSETTIA DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

SAME

City & State

DELRAY BEACH FL

City & State

SAME

Zip

33444

Country

PALMBACH

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/98

5. FEI Number

65-0886390

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

ALAN SOBEL

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

21729 TOWN PLACE DR

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

Date

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
CEO	ALAN SOBEL	21729 TOWN PL. DR	BOCA RATON FL 33433
SRET	DELORES SOBEL	21729 TOWN PL. DR	BOCA RATON FL 33433

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN SOBEL

12/11/03

Date

561/330-3700

Daytime Phone #

CR2E081 (10/02)