

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN 22 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000007273**

1. Corporation Name

Helix Business Solutions, Inc.

**REINSTATEMENT 03-04**

200027404782  
01/22/04--01023--030 \*\*308.75

2. Principal Office Address

8031 S.W. 196th Terrace

3. Mailing Office Address

P.O. Box 971802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33189

Country

USA

Zip

33197

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/26/99

5. FEI Number

65-08191014

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

Bernard Abtan

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

8031 S.W. 196th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

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 1/15/2004

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
PTS	Bernard Abtan	8031 S.W. 196th Terrace	Miami, FL 33189

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:

Bernard Abtan

1/15/2004

954-599-3078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

# Helix Business Solutions, Inc.

PO Box 971802  
Miami, FL 33197

Tel: (954) 599-3078  
Fax: (253) 681-1289

January 15, 2004

Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: attached Corporation Reinstatement

Dear Sir or Madam:

I have just learned that our corporation was dissolved administratively last year due to the fact that the annual corporate report was not filed.

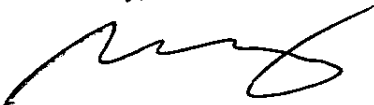
To correct this oversight, I have enclosed the Corporation Reinstatement form.

In addition, I am requesting that the penalties for late filing be waived as we never received the reporting form from the State. Upon checking the Division of Corporations web site, I learned why: although our 2002 annual report clearly shows that a request was made to change our mailing address, it seems that this was not acted upon. Thus, the reporting form went to our old mailing address, and was presumably returned or disposed of by the post office as undeliverable.

We have enclosed a check in the amount of \$308.75 in order to cover the filing fee for 2003 and 2004, as well as \$8.75 for a Certificate of Status.

Thank you for your attention to this matter.

Sincerely,



Bernard Abtan  
President

BA/bv