

**APPLICATION FOR**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 NOV 13 PM 6:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000106132**

1. Corporation Name

**HELIO MOTORS, INC.**

Principal Place of Business

1053 N.E. 44TH COURT  
 FORT LAUDERDALE FL 33334

Mailing Address

1053 N.E. 44TH COURT  
 FORT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1999

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. FEI Number

65-0975521

Applied For  
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BOCTOR, AMIR	18151 N.E. 31ST COURT, PH-215	MIAMI FL 33160
P	ABDELWAHAB, ADEL	1053 N.E. 44TH COURT	FORT LAUDERDALE FL 33334

100003488501 --- 1  
 -12/06/00--01005--007  
 \*\*\*\*150.00 \*\*\*\*150.00

*DOUBR RLS*

8. Name and Address of Current Registered Agent

ABDELWAHAB, ADEL  
 1053 N.E. 44TH COURT  
 FORT LAUDERDALE FL 33334

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

*SIGNATURE*  
 REGISTERED AGENT MUST SIGN

Date

11/200

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

**DRU D. LASHBROOK & ASSOCIATES, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

Page 2 of 7

Dru D. Lashbrook, CPA  
Brian H. Wollard, CPA  
David J. Pasáno, CPA, MBA  
Dean R. Lashbrook

*Member of the  
Florida Institute of  
Certified Public Accountants*

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lashbrook@lbrook.com

October 17, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Helio Motors, Inc.**  
**Document # P99000106132**

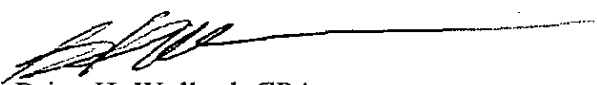
To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. The taxpayer received this Application for Reinstatement and contacted the State and was told to mail report with a check for \$150.00 immediately. They never received the original Uniform Business Report.

Enclosed please find the report and a check for \$150.00 as requested. Thank you for your assistance in this matter, and if you should have any questions please contact our office..

Sincerely,

DRU D. LASHBROOK & ASSOCIATES, P.A.

  
Brian H. Wollard, CPA,  
for the firm.

BHW/kd  
Enclosures