

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 24 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S06343**

1. Corporation Name  
**HELGEVOLD AND ASSOCIATES, INC.**

Principal Place of Business  
~~6617 S-600~~  
1901 S. US 1  
MELBOURNE FL 32901

Mailing Address  
P.O. BOX 034144  
INDIALTANIC FL



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3128275	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HELGEVOLD, KARL A.	<del>1630 #101 BOTTLEBRUSH DR.</del> 1901 S. US 1 S-600	<del>PALM BAY FL 32905</del> MELBOURNE, FL 32901
			400002041114--2 -12/30/96--01041--014 ****375.00 ****375.00
			REINSTATEMENT 1996
			A. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HALLENBECK, CHARLES 1738 DODGE CIRCLE NORTH MELBOURNE FL 32935		Name 12/24/96	
		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: Charles R. Hallenbeck REGISTERED AGENT MUST SIGN Date: 12/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: 12/19/96 Daytime Phone #: 407-768-0463