

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000003808

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** THE OFFICE OF ADMINISTRATOR FOR WHOLE-LIFE LESSONS MISSION AND HIS SUCCESSORS,  
A CORPORATION SOLE

**Current Principal Place of Business:**

6215 BANYAN ST  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540442  
MERRITT ISLAND, FL 329540442

**New Mailing Address:**

**FEI Number:** 13-4221106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOXIE, SHELDON M ADMIN  
6215 BANYAN STREET  
COCOA, FL 32927 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHELDON M HOXIE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: HOXIE, SHELDON M ADMIN.  
Address: 6215 BANYAN ST  
City-St-Zip: COCOA, FL 32927

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR SHELDON M HOXIE

ADMI

10/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date