

1982

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -1 AM 8:00

DOCUMENT # F02000003808

1. Corporation Name
The Office of Administrator For Whole-Life Lessons Mission
and His Successors, A Corporation Sole

2. Principal Office Address 6215 Banyan St Suite, Apt. #, etc. City & State Cocoa, FL Zip 32927		3. Mailing Office Address P.O. Box 540442 Suite, Apt. #, etc. City & State Merritt Island, FL Zip 32954-0442	
Country USA		Country USA	

100025231641
12/04/03--01027--005 **\$1.25

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	7/25/2002
5. FEI Number 13-4221106	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Sole Resources		
Street Address (P.O. Box Number is Not Acceptable) 1980 N Atlantic Ave		
Suite, Apt. #, Etc. Ste 602		
City Cocoa Beach	State FL	Zip Code 32931

MRE

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 [Signature] Date 11/19/03
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
Director	Sheldon Hoxie	6215 Banyan St	Cocoa, FL 32927

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] SHeldon m Hoxie, Administrator Date 11/21/03 Daytime Phone # (321) 689-8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

282

**The Office of Administrator for Whole-Life Lessons Mission
and His Successors, A Corporation Sole**

P.O. Box 540442
Merritt Island, FL 32954-0442
(321) 639-8155

November 25, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Delinquent Fee Waiver Request

To whom it may concern,

I am writing to request that the Delinquent Fee for reinstatement of a corporation be waived at this time. I did not receive the UBR via mail for this corporation, and as such, it needs to be reinstated. Enclosed please find a check for 61.25 for reinstatement of the corporation.

Thank you for your assistance in this matter. If you have any questions, please contact me at your earliest convenience.

Sincerely,



Administrator

Sheldon M. Hoxie, Administrator