

**2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 26, 2013  
Secretary of State**

DOCUMENT# N06000006839

**Entity Name:** INSTITUTE OF WHOLISTIC EMPOWERMENT, INC.

**Current Principal Place of Business:**

1251 NW 36 STREET SUITE 4  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1251 NW 36 STREET SUITE 4  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 20-5132670      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LIGHTBOURN-OSHODI, MARILYN  
14301 S. BISCAYNE RIVER DRIVE  
MIAMI, FL 33161 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: MAIRLYN LIGHTBOURN-OSHODI

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, MAGGIE  
Address: 2221 SW 67 AVE  
City-St-Zip: MIRAMAR, FL 33023

Title: D  
Name: BOSTIC, LASHARA  
Address: 3421 N.W. 182 STREET  
City-St-Zip: MIAMI, FL 33056

Title: P  
Name: LIGHTBOURNE-OSHODI, MARILYN V  
Address: 14301 S. BISCAYNE RIVE DRIVE  
City-St-Zip: MIAMI, FL 33161

Title: V  
Name: WITTY, SANDRA  
Address: 20604 NE 7 COURT  
City-St-Zip: MIAMI, FL 33179

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAIRLYN LIGHTBOURN-OSHODI

PRES

10/26/2013

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

\_\_\_\_\_  
Date