2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# P00000106147

Entity Name: HOLISTIC HEALTH HEALING, INC.

Current Principal Place of Business:

11238 TAMIAMI TRAIL E.
NAPLES, FL 34113

New Principal Place of Business:

11238 TAMIAMI TRAIL EAST
NAPLES, FL 34113

Current Mailing Address:

11238 TAMIAMI TRAIL E.
NAPLES, FL 34113

New Mailing Address:

11238 TAMIAMI TRAIL EAST
NAPLES, FL 34113

FEI Number: 65-1056352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTI, ROBERTO
11238 TAMIAMI TRAIL E.
NAPLES, FL 34113 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: ROBERTO CONTI
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CONTI, ROBERTO DP
Address: 11238 TAMIAMI TRAIL E.
City-St-Zip: NAPLES, FL 34113

Title: DV ( ) Delete
Name: DAIDONE, GERARDA G
Address: 11238 TAMIAMI TRAIL E.
City-St-Zip: NAPLES, FL 34113

Title: T ( ) Delete
Name: CONTI, ULIA
Address: 11238 TAMIAMI TRAIL E
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERTO CONTI DP 10/08/2009
Electronic Signature of Signing Officer or Director Date