PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REIN GARANTE	6
REINSPAFEMENT	A Section of

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	# F	2 01	000	008	432

1. Corporation Name

HOLISTIC HEALTH FOR WOMEN, INC.

Principal Place of Business

Mailing Address

520 BAY LAUREL CT NE ST PETERSBURG FL 33703 520 BAY LAUREL CT NE ST PETERSBURG FL 33703 FILED

02 OCT 28 AM 11:35

SECKETARY OF STATE TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any way, line th	rough incorrect information	and enter correction below.					
New Principal Office Address, If Applicable 3. New Maili		3. New Mailing Office	ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/23/2001			
Suite, Apt. 223 City & State	* Nursery Rd.	Suite, Apt. #, etc. 2 2 3 3 1/ City & Strate	tes El-		· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable		
^{Zip} 337	164 Country USA	Zip 33764	Country	<u> </u>	E OF STATUS DESIRED C	5 Additional Fee require r a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	or Director (Florida nonpl	ofit corporations must list at le	east 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director					
D	RAYMUND, KAREN R	520 BA	AY LAUREL CT NE		ST PETERSBURG FL 33	703		
D	GREGOIRE, SUSAN	520 B/	O fromepad	世204	ST PETERSBURG FL 33			
				4C	00086374 0201124022	24		
			þ	2414				
	8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent				
1301	I, WALTER E LST N TERSBURG FL 33701		Suite, Apt. #, Etc	DB Nu	ash Steven is Not Acceptable) RSery 32 Control State FL	SUN Lip Code 23764		
Signature of Registered /	Agent	ZIZIKIE SHE Gistered agent mus	familiar with and accept the o			F.S.		

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.

Holistic Health for Women, Inc. 2233 Nursery Road Clearwater, FL 33764

10/23/2002

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

To whom it may concern,

Enclosed you will please find the application for reinstatement for the corporation *Holistic Health for Women, Inc.* You will find corrections for our address and new registered agent. We have enclosed a check for the amount of \$150. for our reinstatement fee. The prior UBR notices were NOT received.

Yours truly,

Karen R. Raymund

Director