

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

03 JAN 14 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000029187**

1. Corporation Name

**HOLISTIC HEALTHCARE CONSULTANTS, INC**

500010067615  
01/14/03--01028--015 \*\*150.00

**2002 UBR**

2. Principal Office Address

**7467 S.R. 21 North**

Suite, Apt. #, etc.

City & State

**KEYSTONE HEIGHTS, FLA**

Zip

**32656**

Country

**USA**

3. Mailing Office Address

**7467 S.R. 21 North**

Suite, Apt. #, etc.

City & State

**KEYSTONE HEIGHTS, FLA**

Zip

**32656**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/26/2000**

5. FEI Number

**880-449-744**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**MARC H. KALMANSON**

Street Address (P.O. Box Number is Not Acceptable)

**6539 Brooklyn Bay Rd.**

Suite, Apt. #, Etc.

City

**KEYSTONE HEIGHTS**

State

**FL**

Zip Code

**32656**

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]*

REGISTERED AGENT MUST SIGN

Date **12/1/02**

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
PRESIDENT	MARC H. KALMANSON	6539 Brooklyn Bay Rd	KEYSTONE HEIGHTS, FLA 32656
V. PRESIDENT & TREAS	LINCY L. KALMANSON	6539 Brooklyn Bay Rd	KEYSTONE HEIGHTS, FLA 32656

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.

**MARC H. KALMANSON**

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/1/02**  
Date

**(352) 473-5706**  
Daytime Phone #

CR2E081 (9/01)

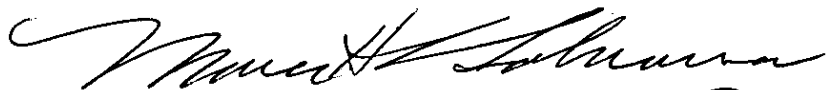
12/1/02

To whom it may concern.

Please be advised that due to a business location move from Ft Lauderdale, Fla to Keystone Heights Florida, our business "Halistic Healthcare Consultants, Inc" did not receive our renewal notice.

I have since sent for proper paperwork to re-instate our business and was told to write this letter to explain the delay in the renewal process. Please find Check # 1319 for \$150.00 renewal fee + \$8.95 for a certificate of status

Thank You  
Please note new address:



MARK H. Holmanson, President  
Halistic Healthcare Consultants.  
7467 S.R. 21 North  
Keystone Heights, Florida  
32656

(352) 1142-2011