

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000123607

1. Corporation Name

Whole Health Advisors, Inc

2. Principal Office Address - No P.O. Box #

11564 Kensington Court

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33428

Country

USA

3. Mailing Office Address

9858 Glades Rd

Suite, Apt. #, etc.

202

City & State

Boca Raton FL

Zip

33434

Country

USA

7. Name and Address of Current Registered Agent

Name

Anthony Ferlanti

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

9858 Glades Rd

Suite, Apt. #, Etc.

202

City

Boca Raton

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

2/24/10

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
P	Anthony Ferlanti	9858 Glades Rd #202	Boca Raton FL 33434
VP	Emmanuele Zuccarelli	9858 Glades Rd #202	Boca Raton FL 33434

10. E-mail Address: sentout@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

ANTHONY FERLANTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/10

Daytime Phone #

FILED

10 MAR 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700171031967
03/02/10--01040--021 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida FL

5. FEI Number
26-1498096

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

700171031967
03/16/10--01023--007 **158.75