

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 31 AM 11:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089073**

1. Corporation Name

WHOLISTIC COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~505 PARK AVENUE~~
~~505 PARK AVENUE~~
~~SATELLITE BEACH FL 32973~~
 US

~~505 PARK AVENUE~~
~~505 PARK AVE~~
~~SATELLITE BEACH FL 32937~~
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

20849 Marlin St
 Suite, Apt. #, etc.
20849
 City & State
Orlando, FL
 Zip
32833
 Country
U.S.

20849 Marlin St
 Suite, Apt. #, etc.
 City & State
Orlando, FL
 Zip
32833
 Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
12/07/1994

5. FEI Number
59-3289816 Applied For
 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MERRELL, WILLIE C	505 PARK AVE 20849 Marlin St	SATELLITE BEACH FL Orlando, FL 32833
VP	Snell, Grady JR	#1 Forrestwood Ct	Columbus, GA. 31907
			300002390023-3 -01/05/98-01113-006 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERRELL, WILLIE C
~~505 PARK AVENUE~~ 20849 Marlin St
~~505 PARK AVE~~
~~SATELLITE BEACH FL 32973~~ Orlando, FL 32833

Name
 Street Address (P.O. Box Number is Not Acceptable)
 20849 Marlin St
 Suite, Apt. #, Etc.
 City
Orlando State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *WC Merrell*
 REGISTERED AGENT MUST SIGN

Date **December 30, 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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.

SIGNATURE: *WC Merrell* Willie C. Merrell December 30, 1997 407-5683204
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25040 (8/97)