

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 20 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000015018**

1. Corporation Name

**Holoco Inc.**

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

**743 WATKINS ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**743 WATKINS ST**

Suite, Apt. #, etc.

City & State

**Philadelphia PA**

Zip

**19148**

Country

**USA**

City & State

**Philadelphia PA**

Zip

**19148**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2-14-1996**

5. FEI Number

**650645950**

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

**ERIC LITMAN**

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

**7695 S.W. 104<sup>th</sup> Street**

Suite, Apt. #, Etc.

**SUITE 210**

City

**MIAMI**

State

**FL**

Zip Code

**33156**

☒ 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.

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

**Eric Litman**

REGISTERED AGENT MUST SIGN

Date **11/18/09**

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| PD     | JAMES McNULTY                        | 743 WATKINS ST.                                   | Philadelphia PA 19148 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

10. E-mail Address:

**JAMES@HOLOCO.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:

**James McNulty**

**JAMES McNULTY 11/19/09 215-966-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2317**

**11/23/09**