

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUL 14 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 96000100802

## 1. Corporation Name

HOLLISTER &amp; ASSOCIATES, INC.

## 2. Principal Office Address

1708-C AUGUSTA ST

Suite, Apt. #, etc.

SUITE #5

City &amp; State

GREENVILLE, SC

Zip

29605

Country

USA

## 3. Mailing Office Address

1970 MAIN STREET

Suite, Apt. #, etc.

202

City &amp; State

SARASOTA, FL

Zip

34236

Country

USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified  
To Do Business In Florida

1996

## 5. FEI Number

65-0713660

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

MICHAEL W HAWKINS CPA

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

330 SOUTH PINEAPPLE AVE #106

Suite, Apt. #, Etc.

City

SARASOTA

State  
FL

Zip Code

34236

## 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

6/15/06

## 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 |
|-----------|--------------------------------------|---|--------------------|
| P4<br>CEO | MICHAEL E. HOLLISTER                 | 1970 MAIN ST. (STE 2)                             | SARASOTA FL 34236  |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. HOLLISTER

Date

7/15/06

Daytime Phone #

(941) 364-8600

7/25/06