

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104976

1. Corporation Name

Holographic Communications,  
Inc.

2. Principal Office Address

522 E. Park Ave.

Suite, Apt. #, etc.

City & State

Tall, FL

Zip

32301

Country

Leon

3. Mailing Office Address

522 E. Park Ave.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

Leon

4. Date Incorporated or Qualified  
To Do Business In Florida

12/03/99

5. FEI Number

59-3362044

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

John Iarussi

700004462467

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

522 E. Park Ave.

07/06/01 01065-020

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

6/23/01

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
S/D	Eric Smith	3207 Brookforest Dr	Tall, FL 32312
C/P/T	John Iarussi	2207 Glenwood Ln	Tall, FL 32308
D	Richard O'Leary	275 John Knox Rd H104	Tall, FL 32303

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Iarussi

Date

6/23/01

Daytime Phone #

850-915-0100

CR2E081 (8/00)

# holographic communications

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June 23, 2001

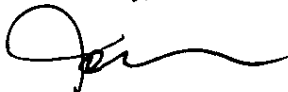
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Reinstatement Division:

I recently attempted to file a DBA under my company Holographic Communications, P99000104976, only to discover that my company has been dissolved due to my failure to file annual reports. I did not receive the notice to file the annual reports, regardless of the fact that I sent a notice of my change of address to your office. I am requesting that the penalty of fee of an additional \$600.00 be waived this time and I am including a check in the amount of \$300.00 to pay the annual fee for the last two years.

Thank you for your assistance in this matter. If you have any further questions feel free to contact me at 850-915-0100.

Sincerely,



John Iarussi, CEO  
Holographic Communications, Inc.

