

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 14 PM 12:01

DOCUMENT # NO2488

1. Corporation Name

FLORIDA HEALTH CHOICE, INC.

2. Principal Office Address

1101 SW 69 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15220

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/84

5. FEI Number

59-2386585

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

KATHLEEN DOWNING

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

1101 SW 69 AVE

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33317

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

Kathleen Downing
REGISTERED AGENT MUST SIGN

Date

10/13/02

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
<u>PRES</u>	<u>I, DAVID KIBBE</u>	<u>1204 CLIFTON SPRINGS DR.</u>	<u>CLIFTON VA 20124</u>
<u>D</u>	<u>ROBERT TAYLOR</u>	<u>2815 SOUTH SEACREST BLVD</u>	<u>BOYNTON BEACH 33435</u>
<u>D</u>	<u>JOHN JOHNSON</u>	<u>4725 N. FEDERAL HWY</u>	<u>FT. LAUDERDALE 33308</u>
<u>D</u>	<u>MICHAEL LOSCALZO</u>	<u>1309 NO. FLAGER DRIVE</u>	<u>WEST PALM BEACH 33401</u>

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:

I. David Kibbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. DAVID KIBBE

10/8/02

Date

888-496-7997

Daytime Phone #

10/16/02

CR2E081 (9/01)

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