

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 JAN 13 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
RENEWAL**



FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

99-00 AR

DOCUMENT # **P98000053607**

1. Corporation Name
CONTRACTORS Choice Inc
378 SOUTH powerline Rd
Deerfield Be FL 33442

2. Principal Office Address
378 SOUTH powerline Rd

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Deerfield Be FL

Zip Country Zip Country
33442

4. Date Incorporated or Qualified To Do Business in Florida
08/98

5. FEI Number
65-0848216

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

7. Name and Address of Current Registered Agent

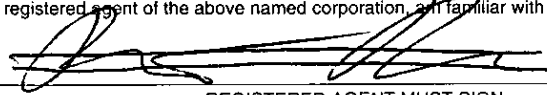
Name
STUART NELSON

Street Address (P.O. Box Number is Not Acceptable)
800 S.E. 3rd AVE 700003103507-7

Suite, Apt. #, Etc.
300

City State Zip Code
Fort Lauderdale FL 33316

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.

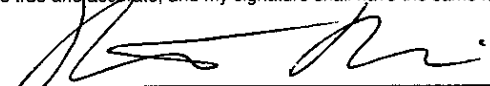
Signature of Registered Agent  Date **01/13/00**

REGISTERED AGENT MUST SIGN

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
pres	Robert Reimer	500 S. SUIT RD Hollywood FL	Hollywood FL 33019
VP	Josephine Diconstarzo	39 Rolling Hills Rd	Thonwood NJ 10594
Sec	ROTH Reimer	4134 NW 88th Dr	Coral Springs FL 33065

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:  **01/13/00** **954-360-0260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1 (01/10/99)

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DIVISION OF CORP

WE HAVE NEVER RECEIVED THE ¹⁹⁹⁹~~2000~~ ANNUAL REPORTS .
RECORDS SHOW THAT THEY HAVE BEEN RETURNED TO YOUR OFFICE .
THE ADDRESS WAS INSUFFICIENT..WE ARE ASKING THAT YOU WAVE
ALL PENALTIES.

THANK YOU
ROBERT REINER

CONTRACTORS CHOICE
378 SOUTH POWERLINE RD.
DEERFIELD BEACH FL 33442

FEIN 65-0848216
TAX I.D. 16-02-315103-18-0