## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

647474

1. Corporation Name

WOMEN'S CHOICE OF NEW JERSEY, INC.

Principal Place of Business

Mailing Address

10 ZABRISKIE ST. HACKENSACK NJ 07801

10 ZABRISKIE ST.

HACKENSACK NJ 07601

FILED

02 NOV 12 AM 10: 56

SECRETARY OF STATE TALLAMISSEE, FLORIDA



If above addres	sses are incorrect in any wa	v. line through inc	Orrect information	and enter correction below	.,			
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Mai				ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     12/06/1979		
Suite, Apt. #, etc	76 1/ 10 A D K	Suite,	Apt. #, etc/	Conduction de		12/00/1919		
City & State A). T City & State			F			59-1964281 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required		
Zip 07024 Country 1/SAT Zip 070			PORT -	Country				
7 Names and S	troot Addresses of Each Of			<u> </u>		L of Office Debited L	or a Certificate of Status	
7. Ivallies and 3	treet Addresses of Each Of		or (Florida nonpro			<del></del>		
Title(s)	······································			Street Address of Each Officer and/or Director		City / Sta	ate / Zip	
PD WE	WEISELBERG, TED			79 VIRGINIA AVE		FT. LEE NJ		
					11/12.	<del>100033403</del> 72-01709007	**750.00	
				***	<del></del>			
		<del></del>						
		Pra wise	A francisco	11/	·			
		MAIL	ENT		1 3			
8. Name and Address of Current Registered Agent					9. Name and	9. Name and Address of New Registered Agent		
WEISELBERG, TED				Name (F)	Name TED WEISELBERG CO. FESON CPA			
8771 HOLLY COURT #103				Street Addres	s (P.O. Box Number		1-47	
TAMARAC FL 33321				Suite, Apt. #, Etc.				
				Sorte	103	, State	Zip Code	
			, 1, 2 <u>-1</u>		per Ci	⊁   FL	33024	
<ol><li>I, being appoi</li></ol>	inted the registered agent o	f the above named	corporation, am fa	amiliar with and accept the	obligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.	
		- /\		Λ				
Signature of Registered Agent SIGNULFORMED SIGNATURE D						Date 10/3/02		
		REGISTERE	D AGENT MUST	SIGN		Date 10/31/02		
owed by the co	ent application, the reason	for dissolution has and the names of ir	been eliminated, t idividuals listed oi	the corporate name satisfi n this form do not qualify f	es the requirements or an exemption unc	pter 607 or 617, F.S. I further c of section 607.0401 or 617.040 fer section 119.07(3)(i), F.S. Th	4 00 46-4-044	
	a accounter, al	is my signature \$16	un navo die Saille	royal ellect as il made uni	Jer oath.		i	