

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **915,00**

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 MAY 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **1203198**

1. Corporation Name
CHOICE Custom Homes Inc.

Principal Place of Business Mailing Address
2362 NE MALBOURN LN.
JENSEN BEACH, FL.
34957 **same**

REINSTATEMENT

96-97
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2362 NE MALBOURN LN Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable same Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida November 1987	
City & State JENSEN BEACH, FL.		City & State		5. FEI Number 59-2874362	
Zip 34957	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	ALBERT P. COLASANTI JR.	2362 NE MALBOURN LN.	JENSEN BEACH, FL. 34957
Sec.	PAMELA J. COLASANTI	2362 NE MALBOURN LN.	JENSEN BEACH, FL. 34957
Di.	ALBERT P. COLASANTI III	2362 NE MALBOURN LN.	JENSEN BEACH, FL. 34957
			800002188228--9
			-05/22/97--01076--005
			****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

ALBERT P. COLASANTI JR.
2362 NE MALBOURN LN.
JENSEN BEACH, FL. 34957

9. Name and Address of New Registered Agent

Name **ALBERT P. COLASANTI**
 Street Address (P.O. Box Number is Not Acceptable)
2362 NE MALBOURN LN
 Suite, Apt. #, Etc.
 City **JENSEN BEACH** State **FL** Zip Code **34957**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]**
 REGISTERED AGENT MUST SIGN

Date **4-6-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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.

ALBERT P. COLASANTI JR.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

560-
4-6-97 288-2700
 Date Daytime Phone #

CR2E040 (12/96)