

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 25 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005870

1. Corporation Name

ANOTHER CHOICE INC.

Principal Place of Business

3508 N. POWERLINE RD.
POMPANO BCH FL 33069

Mailing Address

3508 N. POWERLINE RD.
POMPANO BCH FL 33069

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2000

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|------------------------|
| D | BUTTS, WILLIE C | 620 SW 14TH ST. | DEERFIELD BCH FL 33441 |
| D | BUTTS, WILLIE C | 620 SW 14TH ST. | DEERFIELD BCH FL 33441 |
| D | STANLEY, GWENDOLYN | 337 NW 6TH ST. | DEERFIELD BCH FL 33441 |
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8. Name and Address of Current Registered Agent

BUTTS, WILMA J
3508 N. POWERLINE RD.
POMPANO BCH FL 33069

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Willie C. Butts REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/01

11. 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:

Willie C. Butts WILLIE C. BUTTS

10/23/01 (954) 956-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Payor

**Another Choice, Inc.
3508 North Powerline Road
Pompano Beach, Florida 33069**

October 22, 2001

Re: Annual Report

To Whom It May Concern:

I'm writing this letter regarding Another Choice Inc. 2001 Annual Report/uniform business report. I received a notice of Administrative Dissolution or Revocation concerning the status of Another Choice, Inc. However the reason why the Annual Report has not been filed is due to not receiving the Corporation Annual Report for 2001.

If there is any questions you can contact A.C.I. Administrative Staff at (954) 956-9332

Thank You,

Willie C. Butts
Willie Butts