

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

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 # **N0000005870**

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

4. Date Incorporated or Qualified To Do Business in Florida

08/31/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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
			600004677056--0 -11/13/01--01078--012 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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

Wilma J Butts **REQUIRED**

Date

10/23/01

REGISTERED AGENT MUST SIGN

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**

Date

Daytime Phone #

10/23/01 (954) 956-9332

CR0640 (8/01)

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**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