

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32605

1. Corporation Name

ADOPTIONS BY CHOICE, INC.

Principal Place of Business

Mailing Address

% 4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

% 4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

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

06/01/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1277875

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | CROWDER, GAIL | 4102 W LINEBAUGH AVE | TAMPA FL 33624 |
| STD | MINER, BRANDEE | 4102 W LINEBAUGH AVE | TAMPA FL 33624 |
| T | NOPPENBERGER, EDIE | 4102 W LINEBAUGH AVE STE 200 | TAMPA FL 33624 |
| T | ZELASKO, SUE | 4102 W LINEBAUGH AVE STE 200 | TAMPA FL 33624 |
| T | WRIGHT, MARY LOU | 4102 W LINEBAUGH AVE | TAMPA FL 33624 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEST, DEBRA L
4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

Name

West, Debra L
Street Address (P.O. Box Number is Not Acceptable)

4102 W Linebaugh Ave

Suite, Apt. #, Etc.

Suite 200

City

Tampa

State

FL

Zip Code

33624

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. or 617.0505, F.S.

Signature of
Registered Agent

Debra L West

REGISTERED AGENT MUST SIGN

300023767773
10/13/03--01100--020 **245.00

Date 10/10/03

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:

Brandee Miner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

8139602229

Daytime Phone #

CR2E040 (7/03)