

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N48504

1. Corporation Name

CLEAR CHOICE, INC.

Principal Place of Business

2727 ULMERTON RD.
NATIONSBANK BLDG. #2
CLEARWATER FL 34622
US

Mailing Address

INT. PLAZA TWO
SUITE 325
PHILADELPHIA PA 19113
US

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.

4914 Esplanade St

City & State

Bonita Springs

Zip

34134

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1992

5. FEI Number

59-3155263

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DC	ROBINSON, NORMAN	423 WASHINGTON AVENUE	CHISELHURST NJ
D	KLINE, NEIL A	6431 WOODLAND BLVD.	PINELLAS PARK FL
	EBERWEIN, CAROLYN	401 EAST NEW STREET	GLASSBORO, NJ 08028
DST	THOMPSON, SHEILA DR.	8024 OLD MILL COURT	SEVERN MD
P	EBERWEIN, WILLIAM J SR.	401 EAST NEW STREET	GLASSBORO NJ
D	KEELS, CHRISTINE	20 MILLSTONE RD 3207 W. STRATHMORE AVE.	RANDALLSTOWN MD BALTIMORE, MD 21215

REINSTATEMENT

98-2200

CUS

000003414490--7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVICOLI, BARBARA
2727 ULMERTON RD.
NATIONSBANK BLDG. #2
CLEARWATER FL 34622

Name

KLINE, ERIC

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

4914 Esplanade ST

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 6/20/00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/00

Daytime Phone #