


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000010080		01 OCT 24 PM 6:27	
1. Corporation Name INSURANCE CHOICE, INC.			
Principal Place of Business 1370 HAMPSTEAD TERR. OVIEDO FL 32765		Mailing Address 1370 HAMPSTEAD TERR. OVIEDO FL 32765	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 6521 S. HWY 17-92		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FERN PARK, FL		City & State	
Zip 32730	Country SEMINOLE	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 01/24/2000		5. FEI Number 59-3636459	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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
PD	HEARSEY, DAVID J	1370 HAMPSTEAD TERR.	OVIEDO FL 32765
VD	HEARSEY, TAMMY	1370 HAMPSTEAD TERR.	OVIEDO FL 32765
8. Name and Address of Current Registered Agent			
HEARSEY, DAVID J 1370 HAMPSTEAD TERR. OVIEDO FL 32765			
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		Date	
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: 		10-22-01 407-896-4996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # X322	

CP2E040(801)

10/22/01

DEAR SIR,

HERE IS THIS INFO. I CALLED
TODAY THEY SAID YOU REC MY \$150⁰⁰
BUT NO FEI # I NEVER REC YOUR
LETTER ASK ME FOR IT. I AM
SORRY FOR THIS MATTER CAN YOU
PLEASE WAVE MY REINSTATEMENT FEE

THANK YOU

