

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P0000010080

01 OCT 24 PM 6:27

1. Corporation Name

INSURANCE CHOICE, INC.

Principal Place of Business

Mailing Address

1370 HAMPSTEAD TERR.
 OVIEDO FL 32765

1370 HAMPSTEAD TERR.
 OVIEDO FL 32765

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

02/12/01 90241 006 150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

6521 S. HWY 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FEARN PARK, FL

Zip 32730

Country SEMINOLE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/24/2000

5. FEI Number

59-3636459

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)

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

9. Name and Address of New Registered Agent

HEARSEY, DAVID J
 1370 HAMPSTEAD TERR.
 OVIEDO FL 32765

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

REGISTERED AGENT MUST SIGN

Date

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

407-896-4996

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

