

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000049464

1. Entity Name
ALTERNATIVE CHOICE OF LIVING SUPPORT
COORDINATION, INC.



FILED

07 SEP 21 PM 2: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
09/18/2007 REINSTATEMENT 09/18/07

Principal Place of Business
12555 ORANGE DRIVE
SUITE 255
DAVIE, FL 33330

Mailing Address
12555 ORANGE DRIVE
SUITE 255
DAVIE, FL 33330

2. Principal Place of Business - No P.O. Box #
11724 SW 59th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cooper City FL

City & State

4. FEI Number
65-1010502

Applied for
Not Applicable

Zip
33330

Country
Brazil

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAVELO, DAISY
18921 NW 19TH ST
PEMBROKE PINES, FL 33029

Name
DAISY RAVELLO

Street Address (P.O. Box Number is Not Acceptable)
11724 SW 59th St.

City
Cooper City FL Zip Code
33330

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/18/07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
RAVELO, DAISY
18921 NORTHWEST 19TH ST.
PEMBROKE PINES, FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAISY RAVELLO / PSD
11724 SW 59th Street
Cooper City FL 33330 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800109960659
09/26/07--01035--018 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$79/25 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

9/18/07 934-394-2025