

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000058926**

1. Corporation Name

1ST CHOICE REALTY AND BUILDERS, INC.

Principal Place of Business

7394 W. GULF TO LAKE HIGHWAY
CRYSTAL RIVER FL 34429

Mailing Address

7394 W. GULF TO LAKE HIGHWAY
CRYSTAL RIVER FL 34429

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2000

5. FEI Number

59-3654703

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P, S, D	WEEKS, ROBERTA C.	1203 S.E. 4TH AVENUE	CRYSTAL RIVER, FL 34429
P, D, S	WEEKS, MARRON	1203 S.E. 4TH AVENUE	CRYSTAL RIVER, FL 34429
			000004764960--3 -01/10/02--01040--022 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

WEEKS, ROBERTA C
1203 S.E. 4TH AVENUE
CRYSTAL RIVER FL 34429

9. Name and Address of New Registered Agent

Name

MARRON D. WEEKS

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

1203 S.E. 4th Ave

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

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 **12-26-01**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARRON D. WEEKS 12-26-01

Date

Daytime Phone #

FILED

02 JAN -2 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)