

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021311

1. Corporation Name

FIRST CHOICE FLORIDA PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #
15841 PINES BLVD.

Suite, Apt. #, etc.
386

City & State
PEMBROKE PINES, FL

Zip
33027

Country
USA

3. Mailing Office Address
15841 PINES BLVD.

Suite, Apt. #, etc.
386

City & State
PEMBROKE PINES, FL

Zip
33027

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 02/28/2001

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JEANNETTE ESPAILLAT

Street Address (P.O. Box Number is Not Acceptable)
15841 PINES BLVD

Suite, Apt. #, Etc.
386

City
PEMBROKE PINES

State
FL

Zip Code
33027

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeannette Espillat
REGISTERED AGENT MUST SIGN

Date 7/10/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	JEANNETTE ESPAILLAT	15841 PINES BLVD. #386	PEMBROKE PINES, FL 33027

10. 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 contained in Chapter 119, 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

Jeannette Espillat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2007
Date

954-658-8185
Daytime Phone #

G. Michel

JUL 18 2007