

B 1 5 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -2 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600031755146

04/02/04--01070--011 \*\*300.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000036613

1. Corporation Name

Vendors Choice, Inc.

2. Principal Office Address

930 Britt Ct.

Suite, Apt. #, etc.

Suite # 126

City & State

Altamonte Springs

Zip

32701

Country

U.S.A.

3. Mailing Office Address

= Same =

Suite, Apt. #, etc.

City & State

Fla.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/1/01

5. FEI Number

59 3713574

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

Gayle E. Shaikh

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

550 Tiberon Cove Rd.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Date

REGISTERED AGENT MUST SIGN

**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
Mrs.	Gayle E. Shaikh	Same	Same

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 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:

*Gayle E. Shaikh* GAYLE E. Shaikh

Date

3/28/04

Daytime Phone #

407-830-7001

CF2E081 (01/04)

BS 202

Vendors choice, Inc.  
930 Britt Ct.  
Suite 126  
Altamonte Springs, Florida 32701

March 30, 2004

Department of State Corporations  
Reinstatement Department  
PO Box 6327  
Tallahassee, Florida 32314

Attn: John,

As per our telephone conversation, we requested a reinstatement without penalty due to the incorrect filing of our company name thus resulting in us never receiving our renewal forms. Please reinstate our status immediately so as to allow us to file for another location occupational license.

Thank you,

Gayle Shaikh