

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 PM 2:02

DOCUMENT # P01000052462

1. Corporation Name

CUSTOMERS CHOICE INC.

REINSTATEMENT 03-04

2. Principal Office Address

210 N LEVIS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

Zip

34689

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

71 0867679

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

JEFF CURTIN

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

210 N. LEVIS AVE

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

200039251362
07/16/04--01043--008 **300.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/11/04

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
CEO	Jeff Curtin	210 N. Levis Ave	TARPON SPRINGS FL 34689
P	Michael Beredelli	210 N. Levis Ave	TARPON SPRINGS FL 34689

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/04

Date

727 449-8033

Daytime Phone #

CR2E081 (01/04)

2 of 2

7/11/04

To Whom It May Concern:

Please waive the \$600.00 late fees. I never received any annual report forms for 2003 due to a change of address. The new address for which I need to have all mail sent to from now on is as followed below.

210 N. Levis Ave.
Tarpon Springs Fl, 34689

Please make sure all mail is sent Attention Jeff Curtin.

Regards,
Jeff Curtin