

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 22 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000102371**

1. Corporation Name

E-Choice Corp.

2. Principal Office Address

1478 AVOON LN

Suite, Apt. #, etc.

1436

City & State

N LOUDERDALE FL

Zip

33063

Country

BROWARD

3. Mailing Office Address

1937 WARRIOR AVE SE

Suite, Apt. #, etc.

City & State

PAIM BAY FL

Zip

32909

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

9-22-02

5. FEI Number

03-048-4889

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

LUNEI DUVAL SAINT

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

1937 WARRIOR AVE SE

Suite, Apt. #, Etc.

City

PAIM BAY

State

FL

Zip Code

32909

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

REGISTERED AGENT MUST SIGN

Date

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
Presi dent	LUNEI DUVAL SAINT	1937 WARRIOR AVE	PAIM BAY FL 32909

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-21-05

Daytime Phone #

CR25061 (01/05)