

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107093

1. Corporation Name
TELECHOICE, INC.

Principal Place of Business Mailing Address
6906 SPIDER LILLY LANE 6906 SPIDER LILLY LANE
LANTANA FL 33462 LANTANA FL 33462



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 10/02/2002 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for BLANCHARD, WILLIAM G at 6906 SPIDER LILLY LANE, LANTANA FL 33462.

200024487912
11/06/03--01048--008 **150.00

8. Name and Address of Current Registered Agent: BLANCHARD, WILLIAM G, 6906 SPIDER LILLY LANE, LANTANA FL 33462. 9. Name and Address of New Registered Agent: Name, Street Address, Suite, Apt. #, Etc., City, State (FL), Zip Code.

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. or 617.0505, F.S. Signature of Registered Agent: [Signature] (Gregg Blanchard) PRESIDENT Date: 11/18/03

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)(j), 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] (Gregg Blanchard) PRESIDENT Date: 11/18/03 Daytime Phone: (954) 873-3854

CR2E040 (7/03)

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1** The law requires the corporation to maintain on file with the Secretary of State the current address(es) of the corporation. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** If the preprinted principal office address in Block 1 is incorrect, type or print new principal office address in Block 2.
- Block 3** If the preprinted mailing address in Block 1 is incorrect, type or print the new mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** If Block 4 is blank, enter the date of incorporation or qualification for this corporation.
- Block 5** If Block 5 is blank, complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" is indicated in Block 5, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this application or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** If the preprinted information is incorrect, draw a line through the entire line of information and type or print the correct information in the space provided below each name in Block 7. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. **NONPROFIT CORPORATION MUST LIST AT LEAST 3 DIRECTORS; the letter "D" must appear beside the name and address of each director in the title portion. NOTE: A director must be a natural person 18 years of age or older. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in block 7 is an affirmation under oath that no other address is available.**
- Block 8** The law requires you to have a registered agent. If the preprinted information in Block 8 is incorrect, indicate the new registered agent and/or new address in Block 9.
- Block 9** Enter name of new registered agent and/or new address. (The registered office address must be a Florida street address.)
- Block 10** The designated registered agent must indicate familiarity with Section 607.0505, F.S. or 617.0505, F.S. and acceptance of its obligations and this appointment by completing and signing in Block 10. **ALL REE STATE FORMS MUST BE SIGNED BY THE REGISTERED AGENT** in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 11** This report must be signed by an officer or a director of the corporation that is listed in Block 7 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:	PROFIT CORPORATION	NONPROFIT CORPORATION
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$-34.25 (for each year dissolved)	\$-34.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	\$ 38.75 (for each year dissolved forward)	N/A
Minimum Amount Due	\$750.00	236.25

NOTE: ALL CORPORATIONS APPLYING FOR REINSTATEMENT ON OR AFTER JANUARY 1, 2004, MUST CONTACT THE REINSTATEMENT SECTION AT (850) 245-6059 FOR APPROPRIATE INSTRUCTIONS.

Mailing Address:	Courier Service Address:	Internet Address:
Department of State	Department of State	www.sos.state.fl.us
Division of Corporations	Division of Corporations	
P.O. Box 6327	409 East Gaines St.	
Tallahassee, FL 32314	Tallahassee, FL 32399	

ASTUTE TAX & ACCOUNTING, INC.
5450 N.W. 33RD AVENUE, SUITE 111
FT. LAUDERDALE, FLORIDA 33309
954-484-1950 FAX 954-484-1199

OCTOBER 15, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

RE: TELECHOICE, INC.
P02000107093

GENTLEMEN:


ENCLOSED IS A CHECK FOR \$150.00, FOR THE 2003 UNIFORM BUSINESS REPORT THAT WAS DUE ON MAY 1, 2003.

OUR CLIENT NEVER RECEIVED THE FIRST BOOKLET AND WAS UNAWARE THAT THIS WAS DUE.

WE RESPECTFULLY REQUEST THAT YOU WAIVE THE PENALTY CHARGE OF \$400.00.

THANK YOU IN ADVANCE FOR YOUR KIND CONSIDERATION IN THIS MATTER.

SINCERELY,



ASTUTE TAX & ACCOUNTING, INC.
MARSHA HILSENRAD
OFFICE MANAGER