

102 12/8/03 01015 025 \*150.00  
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 DEC 14 AM 8:00

DOCUMENT # P02000109988

**1. Corporation Name**

A LIFE CHOICE, INC.  
136 West Lee Road  
136 West Lee Road  
136 West Lee Road

**2. Principal Office Address**  
136 West Lee Road

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

**3. Mailing Office Address**

136 West Lee Road

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/10/2002

**5. FEI Number**  
13-4214685

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

MRE

**7. Name and Address of Current Registered Agent**

Name

ATLANTIC AVENUE D.B. FINANCIAL/LEGAL SUPPORT GROUP, INC.

Street Address (P.O. Box Number is Not Acceptable)  
5629 AMERICAN CIRCLE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State  
FL

Zip Code  
33484

**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 **October 21, 2004**

**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
PTSD	APRIL POLLACK	136 West Lee Road	Delray Beach, FL 33445

000043561130  
12/21/04--01059--007 \*\*158.75

**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

10/21/04

Date

561-381-0824

Daytime Phone #

CR2001 (01/04)

282

**AFFIDAVIT**

I hereby certify under the pains and penalties of perjury that I never received the Application for submission of Annual Report for the corporation known as A LIFE CHOICE, INC. The corporation's office moved from 123 North Congress Avenue, Boynton Beach, Florida 33426 to 136 West Lee Road, Delray Beach, Florida 33445 and any forms that may have been sent by the Florida Division of Corporations may have been lost in transit to us.

I had submitted an annual report and fee of \$150.00 as required for the payment of the annual corporation fees. Such check was received and banked by the Division of Corporations and I assumed that the corporation was in good standing until I was notified to the contrary by a party with whom the corporation was attempting to contract with.

I hereby request that the corporation be reinstated without the payment of a penalty and be allowed to only pay the current annual report fee as required.

A Life Choice, Inc.

By: 

April Pollack  
President