

# 2008 FOR PROFIT CORPORATION REINSTATEMENT


**FILED**

2008 NOV 26 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000117354**

1. Entity Name  
**WISE CHOICE MANAGEMENT SERVICES, INC.**



Principal Place of Business      Mailing Address


**168 BOCA LAGOON DR.  
PANAMA CITY BCH, FL 32408**      **168 BOCA LAGOON DR.  
PANAMA CITY BCH, FL 32408**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



11252008    REIN-P    CR2E098 (1/07)

4. FEI Number  
**05-0537549**      Applied For  
Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

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

**WISE, WILLIAM B III  
168 BOCA LAGOON DR.  
PANAMA CITY BCH, FL 32408**

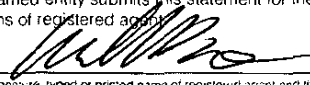
**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       **11/25/2008**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

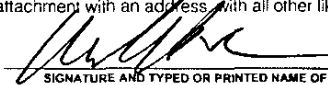
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES WISE, WILLIAM B III 168 BOCA LAGOON DR. PANAMA CITY BCH, FL 32408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WISE, KIMBERLY Z 168 BOCA LAGOON DR. PANAMA CITY BCH, FL 32408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>100138286511 11/26/08--01028--009    **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2008**

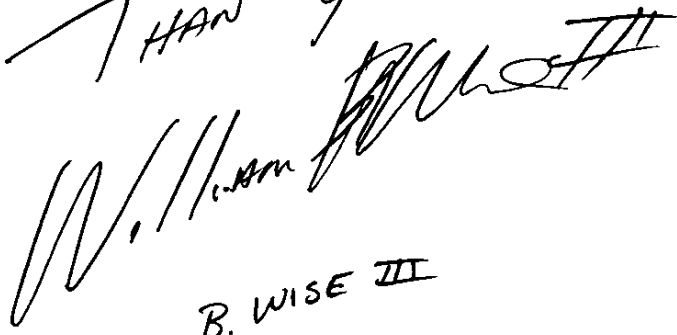
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:       **11/25/2008**      **850 258-2352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #

To Whom It may Concern:

I William B. Wise, President of Wise Choice  
Mgt Services, Request Reinstatement of My  
Business Lic. THE ENCLOSED NOTICE IS  
THE ONLY NOTICE I RECEIVED FOR THE  
2009 YEAR. I HAVE ENCLOSED MY  
Renewal Check with ALL FORMS DOWNLOADED  
FROM internet Signed & Dated

Thank You



WILLIAM B. WISE III