

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 16 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000068191

1. Corporation Name Wise Choice inc of
Palm Bay

2. Principal Office Address
12005 Evanshire Ct

Suite, Apt. #, etc.

City & State
Tampa FL 33626

Zip 33626
Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip **Country**

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 19 June 03

5. FEI Number
05-0574977

☐ 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 AHMED LAKHANI

Street Address (P.O. Box Number Is Not Acceptable)
12005 Evanshire Ct

Suite, Apt. #, Etc.

City Tampa

State
FL

Zip Code
33626

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 11/16/06

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
President	AHMED LAKHANI	12005 Evanshire Ct	Tampa FL 33626

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 contained in Chapter 119, 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

Daytime Phone #

11/16/06
Muz

Respected Sir

I am the Principal
of this Corporation and I was not
Receiving ²⁰⁰⁴ Mail for this Corporation because
of change of Address. So I kindly
request you to please waive the
fees.

Yours Sincerely
Ahmed Latkan.
Muz