

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

13 JUL 15 PM 1:06

DOCUMENT # **PD5000149217**

1. Corporation Name

FIRST CHOICE LANDING, INC.

2. Principal Office Address - No P.O. Box #

4714 GARDEN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Zip

33611

Country

USA

Zip

Country

CR22081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/05

5. FEI Number

☒ 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

MINA HEINEN

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

10334 LONGWOOD DRIVE

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33777

700249785987
07/15/13--01003--019 **1800.00

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

Mina Heinen
REGISTERED AGENT MUST SIGN

Date **7/12/13**

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
P	MINA HEINEN	10334 LONGWOOD DRIVE	LARGO, FLORIDA 33777
S	MINA HEINEN	10334 LONGWOOD DRIVE	LARGO, FLORIDA 33777
D	MINA HEINEN	10334 LONGWOOD DR.	LARGO, FLORIDA 33777

REINSTATEMENT

1 JUL 15 2013

R. HUNT

10. E-mail Address: **DRMAHEINEN@yahoo.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Mina Heinen

MINA HEINEN, PRES.

7/12/13

813-839-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #