

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 DEC 17 PM 4:19

DOCUMENT # P06000013997

1. Corporation Name

Bankers Choice, Inc.

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

859 Gibson Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft. Walton Beach FL

City & State

Same

Zip Country

32547 USA

Zip Country

Same Same

REINSTATEMENT 2012

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0279353

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

Thomas Catanese

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

859 Gibson Road

Suite, Apt. #, etc.

Ft. Walton Beach

City

State

FL

Zip Code

32547

900242830399

12/17/12--01045--010 \*\*750.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/12/2012

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
Pres.	THOMAS L. CATANESE	CVA 859 Gibson Rd.	FT. WALTON BEACH FL 32547
VP	THOMAS L. CATANESE	CVA 859 Gibson Rd.	FT. WALTON BEACH FL 32547
Sec.	THOMAS L. CATANESE	CVA 859 Gibson Rd.	FT. WALTON BEACH FL 32547
TRG			
			DEC 18 2012
			T. CAULEY

10. E-mail Address: tomcatanese@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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/2012

Date

Daytime Phone #