

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 20 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004481

1. Corporation Name

America's Choice enterprise, Inc.

300007982579--1
-09/24/02--01042--025
****908.75 ****908.75

2. Principal Office Address

2740 South Combee Road

3. Mailing Office Address

2740 South Combee Road

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Lakeland, FL

City & State

Lakeland, FL 33803

Zip

33803

Country

USA

Zip

33803

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/5/1992

5. FEI Number

59-3151584

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

Michael Eldridge

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

2740 South Combee Road

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

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

Michael Eldridge

Date

9-18-02

REGISTERED AGENT MUST SIGN

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	Michael R. Eldridge	2740 South Combee Road	Lakeland, FL 33803

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:

Michael Eldridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-02

Date

863-221-2757

Daytime Phone #

CR2E081 (9/01)

js 9/20/02