

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 NOV 15 PM 3:53

DOCUMENT # P93000007596

1. Corporation Name

THE PRODUCERS' CHOICE, INC.

Principal Place of Business

Mailing Address

4700 NORTH STATE ROAD 7, STE. 119  
FT. LAUDERDALE FL 33319

4700 NORTH STATE ROAD 7, STE. 119  
FT. LAUDERDALE FL 33319



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0381960

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RICE, EUGENE	1734 VESTAL WAY	CORAL SPRINGS FL 33065
			500003488185--9 -12/05/00--01103--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICE, EUGENE  
1734 VESTAL WAY  
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 486-1236

CR2040 (800)

**Jeanette Kugel**  
Office Manager

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**The Producers' Choice, Inc.**  
4700 No. State Road 7; #119  
Ft. Lauderdale, Florida 33319

November 10, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

RE: Reinstatement Application  
2000 Corporation Annual Report

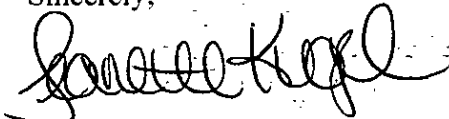
To Whom It May Concern:

We have received your reinstatement application regarding the 2000 Corporation Annual Report. The Producers' Choice, Inc. did not receive the original application that was supposedly sent to us in January 2000.

I spoke with Michelle at (850) 487-6059, and she stated that one was sent in January to the same address, but I open the mail personally and would also be the one to complete this form. If I had received the original form, I would have acted within the time frame of the original application. Therefore, I am requesting that you accept the application along with the \$150 for the original filing. As you can see by our past history, we have always filed this form in a timely manner.

If you have any questions, please do not hesitate to call me.

Sincerely,



Jeanette M. Kugel