

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

F. ED

2007 JAN 18 AM 10:46

SECRET STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # D93000076046

1. Corporation Name

INDUSTRIAL CHOICE, INC.

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

3806 NE 6 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

USA

3. Mailing Office Address

3806 NE 6 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

USA

800086167428  
01/25/07--01004--003 \*\*1000.00

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10-28-93

5. FEI Number

650446334

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

CARLENE AUDITORE

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

3806 NE 6 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33137

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 JAN 17, 07

**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
PTS	CARLENE AUDITORE	3806 NE 6 AVE	MIAMI FL 33137

B 1/18/07

REINSTATEMENT 05-01

800086167428  
01/25/07--01004--004 \*\*50.00

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

JAN 17, 2007 305-573-3888

Daytime Phone #