					-		er Gregoria de Companya de Comp
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APF	APPLICATION APPLICATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				
	FOR			ary of State		FILED	
REIN	STATEME	NT 💝		CORPORATIONS	0.	6 DEC -4 PM 4: OL	<b>.</b>
DOCUMENT # <b>P95000064288</b>							
1 Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SOUTHERN CHOICE, INC.					'	ALLA MOCEST CONTRACT	
Principal Place of Business Mailing Address						iik (Gib) gilli sqiri soor abtii sook s	a Minish tramp adiğe eğli cüği
1211 FAIRLAKE TERRACE			1211 FAIRLAKE TERRACE #1415				
			FT. LAUDERDALE FL 33326		1 (12)(84)	ian 13101 dilila solsa eletti detia arusa etili	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					neille	TATEMENT	' CHO
New Principal Office Address, If Applicable     3. New Mailin						orated or Qualified ness in Florida	18/1995
Suite, Apt.	, etc.		Suite, Apt. #, etc.	<u> </u>		<u>_</u>	Applied For
			City & State SUNRISE	1,20,00 -1		060-3085_	Not Applicable
Zip Country			Zip 33326 Country A		6. CERTIFICATE	OF STATUS DESIRED 38,75	Additional Fee regulred 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)	Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip	
D FIGUEROA, FRANK			1211 F	1211 FAIRLAKE TERACE #1415		FT. LAUDERDALE FL 33326	
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						-12/06/9601025009 ****400.00 ****400.00	
· • · · · · · · · · · · · · · · · · · ·							
						JB 12-4	-910
Name and Address of Current Registered Agent     Name					9. Name and /	Address of New Registered Ag	jent
FIGUEROA, FRANK					P.O. Box Number	Is Not Acceptable)	
1211 FAIRLAKE TERRACE							
#1415 Suite, Apt. #, Etc. FT. LAUDERDALE FL 33326							
Cliy						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							
Signature of Registered Agent Date 11120116							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No							

12 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 filling 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 ewed 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 eath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR