

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

97 OCT 31 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053276

1. Corporation Name

CHOICE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

18057 TAMPA PALMS BLVD., WEST #293
TAMPA FL 33647

Mailing Address

18057 TAMPA PALMS BLVD., WEST #293
TAMPA FL 33647

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

06/21/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3382780

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COMEAX, KENNETH L	18057 TAMPA PALMS BLVD., WEST #293	TAMPA FL 33647
			000002337680--9 -11/04/97--01058-012 ****169.00 ****169.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMEAX, KENNETH L
18057 TAMPA PALMS BLVD., WEST #293
TAMPA FL 33647

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

Kenneth L Comeaux

Date 10-28-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

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 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:

Kenneth L Comeaux

KENNETH L. COMEAUX

10-28-97

813-978-0197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)

②

Choice Management Systems, Inc
16057 Tampa Palms Blvd. West #293
Tampa, FL. 33647
813-978-0197

To Florida Dept. Of State, Division of corporations

Please accept our renewal fee of our corporation without any penalty fees as we did not receive any first or second notices to which they were do. In the future, we will gladly send in our renewal form and fees regardless of notification by your office. Your cooperation and consideration in this matter would be greatly appreciated.

Sincere thanks

A handwritten signature in cursive script, reading "Kenneth L. Comeaux". The signature is written in dark ink and is positioned below the typed name.

Keneth .L. Comeaux President