

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 27 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000078278
1. Corporation Name FIRST CHOICE CARRIERS, INC
10693 WILES RD
CORAL SPRINGS, FL 33067

2. Principal Office Address
10693 WILES RD

Suite, Apt. #, etc.

216

City & State

CORAL SPRINGS FL

Zip

33067

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0695162

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

DAVID BELL

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

10693 WILES RD

Suite, Apt. #, Etc.

216

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

David Bell

REGISTERED AGENT MUST SIGN

Date

2-6-01

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	DAVID E BELL	10693 WILES RD #216	CORAL SPRINGS FL 33067

500003803135--2
-03/06/01--01114--015
****900.00 ****900.00

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 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

2-6-01 954520-3606

Daytime Phone #

CR2E081 (9/00)