

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000079598**

1. Corporation Name

**CHOICE CARE DIAGNOSTICS, INC.**

**FILED**

97 NOV 26 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

520 ARNESON AVENUE  
AUBURNDALE FL 33823

Mailing Address

520 ARNESON AVENUE  
AUBURNDALE FL 33823

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1996

5. FEI Number

59-3404386

Applied For

Not Applicable

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
D	BROWN, DEBORAH	520 ARNESON AVENUE	AUBURNDALE FL 33823

400002361464--3  
-12/02/97--01105--012  
\*\*\*165.00 \*\*\*165.00

8. Name and Address of Current Registered Agent

BROWN, DEBORAH  
520 ARNESON AVENUE  
AUBURNDALE FL 33823

9. Name and Address of New Registered Agent

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

*Deborah Brown*

REGISTERED AGENT MUST SIGN

Date

11-20-97

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:

*Deborah Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-97  
Date

Daytime Phone #

CR25040 (8/97)

**CHOICE CARE DIAGNOSTICS, INC.**  
**520 ARNESON AVENUE**  
**AUBURNDALE, FL 33823**  
**941-965-1417**

*To The Department of Reinstatements;*

*I have received a notice of dissolution and am writing this letter after making a phone call to your office. I was unaware that I needed to fill out this document being a small new business. I only received this document and did not receive the two notices prior as stated in the document. I contacted your office and they advised me to send \$165.00 and this letter. I was also told by your office that if I did not receive a notice saying this fee was due again by February I should contact the office myself.*

*Thank you very much for your help,*

*Deborah Brown*