

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 17 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098149

1. Corporation Name
COMMUNITY CHOICE, INC.

Principal Place of Business
1139 HEIDI COURT
DELAND FL 32720

Mailing Address
1139 HEIDI COURT
DELAND FL 32720



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

11/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3420023

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
President Director	Helene N. Collins	1139 Heidi Ct.	DeLand, FL 32720

000002350920--1
-11/18/97--01081--012
****173.75 ****173.75

11/11/97

8. Name and Address of Current Registered Agent

COLLINS, HELENE N
1139 HEIDI COURT
DELAND FL 32720

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

Helene N. Collins
REGISTERED AGENT MUST SIGN

Date 11-11-97

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:

Helene N. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (8/97)

November 11, 1997

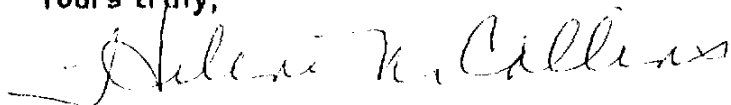
Division of Corporations
Annual Report/
Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

Per my recent phone conversation with your office (850-487-6059), I am enclosing my Application For Reinstatement, plus a check for appropriate fees. As was discussed at that time, I never received any prior notification from the Department of State, Division of Corporations, regarding this document. Due to this oversight on my not receiving this form, I was told to pay a fee of \$165.00. My check is for that amount, plus the additional \$8.75 for a Certificate of Status - totalling \$173.75.

Thank you for your attention in this matter. Please contact me if I must take any further action to insure my Corporation Reinstatement.

Yours truly,

A handwritten signature in cursive script, reading "Helene N. Collins". The signature is written in dark ink and is positioned below the "Yours truly," text.

Helene N. Collins
President, COMMUNITY CHOICE, INC.