

2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P97000006902

1. Entity Name
FIRST CHOICE SERVICE'S, INC.



FILED
04 NOV 17 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4924 HARP ST
JACKSONVILLE, FL 32258

Mailing Address
4924 HARP ST
JACKSONVILLE, FL 32258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3415542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, JOHNNY F
4924 HARP ST
JACKSONVILLE, FL 32258

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Johnny F Carpenter*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-12-04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CARPENTER, JOHNNY F.
4924 HARP ST
JACKSONVILLE, FL 32258

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11/17/04--01028--010 **150.00

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Johnny F Carpenter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-04

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Monakey & Company

Certified Public Accountants

October 26, 2004

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref: First Choice Services, Inc.

Gentlemen:

The Secretary of the above corporation, Ms. Tami Carpenter, has forwarded your notice of dissolution (courtesy copy attached) to our office for advice and reply.

Please be advised that the original post card to renew the corporation was never received. Therefore, on behalf of the corporation, I respectfully request that any late filing penalty be waived. The corporation renewal fees have always been paid in a timely fashion in prior years.

I have also enclosed a renewal fee check in the amount of \$150.

Please contact me if you have any questions.

Very truly yours,



Michael J. Monakey, CPA

Enclosures

cc: Tami Carpenter