

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041998

1. Corporation Name

First Choice Homes Of Florida, Inc.

2. Principal Office Address - No P.O. Box #

562 Goldcoast Ct

Suite, Apt #, etc.

3. Mailing Office Address

P.O. Box 2185

Suite, Apt #, etc.

City & State

Marco Island, Fl

City & State

Marco Island

Zip

34145

Country

USA

Zip

34146

Country

USA

7. Name and Address of Current Registered Agent

Name

Rafael Liy

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

562 Goldcoast

Suite, Apt #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

REGISTERED AGENT MUST SIGN

Date **02/22/2010p**

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
P	Rafael Liy	562 Goldcoast Ct	Marco Island, Fl 34146

**M. MILLIGAN
EXAMINER**

FEB 25 2010

10. E-mail Address: **theonestop@aol.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Rafael Liy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/2010

Date

Daytime Phone #

FILED

10 FEB 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

700170455467
02/24/10--01037--016 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida **05/08/1997**

5. FEI Number
65-0762662

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.