PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -5 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084538

1. Corporation Name
Choice Rentals Inc

2. Principal Office Address	3. Mailing Office Address
550 SE Port St Lucie Blvd	550 SE Port St Lucie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie FL	City & State: Port St Lucie, FL
Zip: 34984 Country: St Lucie	Zip: 34984 Country: St Lucie

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06/21/06--01017--015 **1658.75

4. Date Incorporated or Qualified To Do Business in Florida: 9/30/97

5. FEI Number: 65-0790172 ☐ 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: EDward Caussade.

Street Address (P.O. Box Number is Not Acceptable): 1907 SE Ocioso Blvd.

Suite, Apt. #, Etc.:

City: Port St Lucie | State: FL | Zip Code: 34984

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: Edward Caussade Date: 6-2-06
REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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
PT	EDward Caussade.	1907 SE Ocioso Blvd	Port St Lucie, FL 34984

B 6/5/06

REINSTATEMENT 00-06

10. I certify that I am an officer or director of 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] 6-2-06 (772) 871-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #