

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P98000031648

1. Corporation Name

WISE CHOICE OF BREVARD, INC.

Principal Place of Business

4010 SHUTTLE COURT  
MERRITT ISLAND FL 32953

Mailing Address

4010 SHUTTLE COURT  
MERRITT ISLAND FL 32953



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

04/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3507415

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

7. Name 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	4 City / State / Zip
D	WEISE, STEVE	4010 SHUTTLE COURT	MERRITT ISLAND FL 32953

3070009754099  
11/01/02--01037--001 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

TODD, NANCY L  
4020 SHUTTLE COURT  
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name: Steve Weise  
Street Address (P.O. Box Number is Not Acceptable): 4010 Shuttle Court  
Suite, Apt. #, Etc.: ~~Merritt Island~~  
City: Merritt Island State: FL Zip Code: 32952

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*Handwritten signature*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature*

Date

Daytime Phone #

October 24, 2002

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed our company's check for \$150.00 to cover the annual corporation fee for 2001.

The reason for the late filing is that ALL of our mail has been mailed to 4020 Shuttle Court and our actual address is 4010 Shuttle Court so we did not receive the original report.

Based on the above reason, we ask for the penalties and reinstatement fees to be waived.

Thank you for your consideration.

Steve Weise   
Wise Choice of Brevard, Inc.