

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WEISE, STEVE	4010 SHUTTLE COURT	MERRITT ISLAND FL 32953

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

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

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

Date

Daytime Phone #

October 24, 2002

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

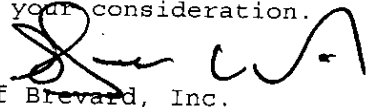
To Whom It May Concern:

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.