

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 JAN 13 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Kathryn Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99-00 AR

DOCUMENT # P98000053607

1. Corporation Name

CONTRACTORS Choice Inc  
378 SOUTH powerline Rd.  
Deerfield Be FL 33442

2. Principal Office Address

378 SOUTH powerline Rd.  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deerfield Be FL

City & State

Zip

Country

33442

4. Date Incorporated or Qualified  
To Do Business in Florida

08/98

5. FEI Number

65-0848216

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

Contractors Choice Stuart Nelson

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

800 S.E. 3rd AVE 700003103507-7

Suite, Apt. #, Etc.

# 300

-01/20/00--01005--008

\*\*\*\*300.00 \*\*\*\*300.00

City

Fort Lauderdale FL

State

FL

Zip Code

33316

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

*[Signature]*

Date 01/13/00

REGISTERED AGENT MUST SIGN

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
Pres	Robert Reimer	500 S. 3rd Rd Hollywood FL	Hollywood FL 33019
Vp	Josephine Diconstarzo	39 Rolling Hills Rd	Thonwood NJ 10594
Sec	ROTH Reimer	4134 NW 88th Dr	Coral Springs FL 33065

10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/00

Date

954-360-0260

Daytime Phone #

CR 1 (01/00/01)

DIVISION OF CORP

WE HAVE NEVER RECEIVED THE <sup>1999</sup>~~2000~~ ANNUAL REPORTS .  
RECORDS SHOW THAT THEY HAVE BEEN RETURNED TO YOUR OFFICE .  
THE ADDRESS WAS INSUFFICIENT..WE ARE ASKING THAT YOU WAVE  
ALL PENALTIES.

THANK YOU  
ROBERT REINER

CONTRACTORS CHOICE  
378 SOUTH POWERLINE RD.  
DEERFIELD BEACH FL 33442

FEIN 65-0848216  
TAX I.D. 16-02-315103-18-0

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