

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065586

1. Corporation Name

FIRST CHOICE SYSTEMS, INC.

Principal Place of Business

Mailing Address

501 KNIGHTS RUN AVENUE
SUITE 1211
TAMPA FL 33602

501 KNIGHTS RUN AVENUE
SUITE 1211
TAMPA FL 33602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
501 KNIGHTS RUN AVE

3. New Mailing Office Address, If Applicable
501 KNIGHTS RUN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

Zip 33602

Country USA

Zip 33602

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1998

5. FEI Number 59-3539049
APPLIED FOR

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	LASA, RICARDO	501 KNIGHTS RUN AVENUE, STE. 121	TAMPA FL 33602
AS	JACOBSON, RICHARD A	501 E. KENNEDY BLVD., #1700	TAMPA FL 33602

100003446971--7
-11/01/00-01055-003
****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBSON, RICHARD A
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/00

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

10/13/2000

Date

(813) 221-9539

Daytime Phone #

CR2E040 (8/00)