PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPHOVEL

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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 nonctia PM 4:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable New Principal Office Address, If Applicable 4. Date Incorporated or Qualified 501 KNIGHTS IZUN AVE To Do Business in Florida 07/27/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-3539049 Applied For APPLIEDEDR City & State Not Applicable

FLOXIDA FLOKI OA CERTIFICATE OF STATUS DESIRED UJA

\$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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) **TAMPA FL 33602 DPST** LASA, RICARDO 501 KNIGHTS RUN AVENUE, STE. 121 TAMPA FL 33602 501 E. KENNEDY BLVD., #1700 AS JACOBSON, RICHARD A 100003446971--7 -11/01/00--01055--003 ****750.00 *****75Q.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name

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

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

Suite, Apt. #, Etc.

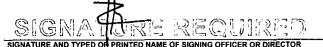
Zip

red agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the

Signature of Registered Agent

URE RECKTERED AGENT MUST SIGN

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.



10113/2000 (813) 221-9539