

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000103890

1. Corporation Name

THE INTELLIGENT CHOICE INTERNATIONAL, INC.

Principal Place of Business

8608 TUPELO DR.  
NAVARRE FL 32566

Mailing Address

8608 TUPELO DR.  
NAVARRE FL 32566

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1998

5. FEI Number

59-3511595

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	MCMINN, WYNDE D	8608 TUPELO DR.	NAVARRE FL 32566

8. Name and Address of Current Registered Agent

ROARK, DONALD A  
201 E. GOVERNMENT STREET  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

Kievit, Kelly & Odom, P.A.

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

15 West Main Street

Suite, Apt. #, Etc.

City

Pensacola

State  
FL

Zip Code

32501

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]*  
REGISTERED AGENT MUST SIGN

Date

10/28/02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10-28-02 850-936-  
6645

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

10/23/02

To Whom It May Concern:

Here is our Florida Department of State Application for Reinstatement, per my conversation with your agent we only needed to provide the Name and Address of the New Registered Agent. When this was previously done on July 2, 2002 Wynde McMinn placed Barry Kelly's name on the document and we faxed it over for his signature and to be sent either to us or on to the recipient. I am sending this to you so that our company can be reinstated as a corporation as soon as possible. I have spoken with this office and explained that we did not receive any notification that there was a problem. Since our check was processed and cleared the bank without delay we were under the impression that everything was taken care of. That was until we received this notice of dissolution of our business. If you could please make the appropriate changes and reinstate our company we would greatly appreciate it.

Respectfully yours,

*Diane Bence*

Diane Bence

The Intelligent Choice International

Attch:

- 1) Florida Department of State Reinstatement Form