

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000003580**

Corporation Name

Florida Choice of Naples, Inc.

**2. Principal Office Address**  
865 4th Ave. South

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102-6320

Country

USA

**3. Mailing Office Address**  
3501 W. Vine Street

Suite, Apt. #, etc.

Suite 130

City & State

Kissimmee, FL

Zip

34741

Country

USA

**4. Date Incorporated or Qualified**  
To Do Business in Florida 01/11/1999

**5. FEI Number**  
650886316

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  
Wettstein, Ted A.

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

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32804

**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

REGISTERED AGENT MUST SIGN

Date

4/20/04

**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
PD	Woodward, Neil	1112 Golf Course Pkwy	Davenport, FL 32837
VP	Woodward, Karen	1112 Golf Course Pkwy	Davenport, FL 32837

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

Date

4/20/04

Daytime Phone #

**FILED**

04 MAY 10 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700034212637  
05/20/04--01061--020 \*\*150.00

**REINSTATEMENT**

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