

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 17 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32770

1. Corporation Name

CHOICE ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business

27 WINCHESTER RD
ORMOND BEACH FL 32174
US

Mailing Address

27 WINCHESTER RD.
ORMOND BEACH FL 32174
US



REINSTATEMENT 98

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

2. New Principal Office Address, if Applicable

10 Sunshine Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

10 Sunshine Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1992

5. FEI Number

59-3128120

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status *

City & State

Ormond Beach, FL
Zip 32174 Country USA

City & State

Ormond Beach, FL
Zip 32174 Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
B	CARN, DAVID	27 WINCHESTER RD.	ORMOND BEACH FL
B	CONRON, KIRK	9 GOODALL AVE.	DAYTONA BEACH FL
D, P, S	ELSTON, STEPHEN J.	2 TIDEWATER DR. 510 John Anderson Dr.	ORMOND BEACH FL 32176

100002719611--1
-12/22/98--01085--012
***758.00 ***758.00

8. Name and Address of Current Registered Agent

CARN, DAVID
22 TIDEWATER DR.
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name Stephen Elston
Street Address (P.O. Box Number is Not Acceptable)
10 Sunshine Blvd
Suite, Apt. #, Etc.

City Ormond Beach State FL Zip Code 32174

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

REGISTERED AGENT MUST SIGN

Date 12-15-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See outside for information
on intangible tax.)

12. 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 12-15-98 Daytime Phone # 904-622-8388