

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 30 PM 2:52

DOCUMENT # N06000002076

1. Corporation Name

2nd Chance Generation, Inc.

2. Principal Office Address - No P.O. Box #

2461 NW 98th Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2461 NW 98th Lane

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/2006

5. FEI Number

204475048

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500184868165
08/30/10--01055--008 **358.75

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

Simone Atkinson

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

2461 NW 98th Lane

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33322

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

S. Atkinson

REGISTERED AGENT MUST SIGN

Date 8/21/2010

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
P	Simone Atkinson	2461 NW 98th Lane	Sunrise, FL, 33322
VP	Flordelisa Patulot	2461 NW 98th Lane	Sunrise, FL, 33322
T	Lisa Y. Vincent	2461 NW 98th Lane	Sunrise, FL, 33322

REINSTATEMENT 08-10 B

8/31/10

10. E-mail Address: victoryhouse2010@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

S. Atkinson

SIMONE ATKINSON

8/21/2010

954-678-0781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #