

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005662**

1. Corporation Name  
**CHANCE, INC.**

Principal Place of Business	Mailing Address
1236 S MCDUFF AVE STE 206 JACKSONVILLE FL 32205 US	1236 S MCDUFF AVE STE 206 JACKSONVILLE FL 32205 US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3255941	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT 02

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	<del>KNIGHT, FINLEY</del> C. Michael Spencer	<del>4230 ORTEGA BLVD</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32202</del> St. Louis, MO 63146
<del>DP</del>	<del>BAKER, LEONARD</del>	<del>CXS 6737 SOUTH POINT DRIVE, SOUT</del>	<del>JACKSONVILLE FL 32216</del>
TD	<del>DANIELS, SUSAN</del> Sterling C.B. Ellis	<del>4204 DUVAL RD</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32250</del> St. Louis, MO 63146
PD	<del>HULL, RICHARD</del> Cynthia R. Dougherty	<del>2841 RIVERSIDE AVE</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32205</del> St. Louis, MO 63146
SD	<del>HAYWOOD, CONNIE</del> Robert H. Cleeland	<del>1065 LOBSTER LANE</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32218</del> St. Louis, MO 63146

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		900009144589 11/21/02--01026--00 State: Zip Code: 5 FL	

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]* **Brian Courtney**  
Asst. V. Pres.  
REGISTERED AGENT MUST SIGN

Date: 11-2-02

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]* **C. Michael Spencer**  
11/04/02 (314) 812-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26040 (8/02)