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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005862

1. Corporation Name
CHANCE, INC.

REINSTATEMENT 0304

2. Principal Office Address
11780 BORMAN DRIVE

3. Mailing Office Address
11780 BORMAN DRIVE

Subs. Act. 1, etc.

City & State
ST. LOUIS, MO

4. Date Incorporated or Qualified To Do Business in Florida **12/18/1993**

City & State
ST. LOUIS, MO

5. Fed Number
69-3235941

Appraisal Fee
Not Applicable

Zip
63146

Country
USA

Zip
63146

Country
USA

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Subs. Act. 1, etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and understand the provisions of section 607.0608 or 617.0608, F.S.

Signature of Registered Agent *Laura R. D...* **Laura R. Dunlap** as its agent

Date **FEBRUARY 3, 2004**

REGISTERED AGENT MUST SIGN

9. Name 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
	See exhibit A		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute the application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been addressed, 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)(D), 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: *Robert Cleveland* **ROBERT CLEVELAND** **2/3/2004** **314-993-9000**

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

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Exhibit A
CHANCE, INC.
 Application for Reinstatement

9. Names and Street Addresses of Each Officer and/or Director

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	SUSAN PAMERLEAU	11780 BORMAN DRIVE	ST. LOUIS, MO 63146
CD	DAVID MINDEL	11780 BORMAN DRIVE	ST. LOUIS, MO 63146
SD	ROBERT H. CLEELAND	11780 BORMAN DRIVE	ST. LOUIS, MO 63146
D	SONNY FOUNTAIN	11780 BORMAN DRIVE	ST. LOUIS, MO 63146
D	MINDY LEWIS	11780 BORMAN DRIVE	ST. LOUIS, MO 63146
D	C. MICHAEL SPENCER	11780 BORMAN DRIVE	ST. LOUIS, MO 63146
D	CYNTHIA R. DOUGHERTY	11780 BORMAN DRIVE	ST. LOUIS, MO 63146

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Account Number : 075030000653
Phone : (904)359-7008
Fax Number : (904)359-7712

CORPORATION REINSTATEMENT

CHANCE, INC.

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