PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 FEB -6 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84204

1. Corporation Name
Bon Chance Inc,

REINSTATEMENT 2000-2002

2. Principal Office Address
8005 San Jose Blvd
Suite, Apt. #, etc.
City & State
Jacksonville, Fl
Zip 32217 County Duval

3. Mailing Office Address
8005 San Jose Blvd
Suite, Apt. #, etc.
City & State
Jacksonville, Fl
Zip 32217 County Duval

4. Date Incorporated or Qualified To Do Business in Florida 6/7/88

5. FEI Number 59-2901763 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy of Status

7. Name and Address of Current Registered Agent

Name ABDO A. RICHA
Street Address (P.O. Box Number is Not Acceptable) 8005 San Jose Blvd.
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32217

100004932021--0
-02/18/02--01005--008
***1050.00 ***1050.00

CR2E061 (8/97)

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 Abdo A Richa Date 2/4/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Abdo A. Richa	8005 San Jose Blvd	Jacksonville, Fl 32217
Sec.	Siham Richa	8005 San Jose Blvd	Jacksonville, Fl 32217

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******8.75 ******8.75

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: Abdo A Richa 2/4/02 904-260-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

2/5/02 Evelyn

Requestor's Name: ATLANTIC

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Bon Chance Inc.

RECEIVED
02 FEB -6 AM 11:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies (X) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CUS

Empire Toll Free: 1-800-432-3028