

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 15 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002364

1. Corporation Name

Second Chance Outreach Ministries, INC.

2. Principal Office Address

2887 Bldg B west
Suite, Apt. #, etc.

Tharpe Street

City & State

Tallahassee

Zip

32303

Country

Leon

3. Mailing Office Address

2887 Bldg B. west
Suite, Apt. #, etc.

Tharpe Street

City & State

Tallahassee

Zip

32303

Country

Leon

REINSTATEMENT

01-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-7-00

5. FEI Number

59-3638344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tonya Payne

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

2312 Vincent Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Tonya Payne

REGISTERED AGENT MUST SIGN

Date 7-15-05

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	Larry Pittman	2018 Trimble Rd	Tallahassee FL 32310
V	Betty Pittman	2018 Trimble Rd	Tallahassee FL 32310
T	Tonya Payne	2312 Vincent Dr	Tallahassee FL 32303
D	Linda Jones	207 Arden Rd	Tallahassee FL 32305

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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

Tonya Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-05

Date

2443-1621

Daytime Phone #

CR2001 (01/05)

7-1505

2/2

Business Second Chance Outreach Min
Document # U00000002364

We didn't receive our
2001 notices to file annual report We are
asking that any Penalty fees waive.

Thank you

Janya Payne