

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 28 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N0000002364

1. Corporation Name

Second Chance Outreach  
Ministries, Inc

2. Principal Office Address

2887 Bldg B. West

Suite, Apt. #, etc.

Tharpe St.

City & State

Tallahassee FL

Zip

32303

Country

Leon

3. Mailing Office Address

2887 Bldg B. West

Suite, Apt. #, etc.

Tharpe St.

City & State

Tallahassee FL

Zip

32303

Country

Leon

4. Date Incorporated or Qualified  
To Do Business in Florida

4-7-00

5. FEI Number

89-3638344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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

900079730109

09/12/06 01063-003 \*\*8.15

900079730283

09/12/06 01063-004 \*\*51.25

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

8/28/06

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

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

8/28/06 443-1621

Date

Daytime Phone #

20. Williams AUG 28 2006

CR2E081 (01/05)