

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

13 JUN 17 PM 4: 22


SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILING CANCELLED  
RETURNED CHECK**

**REINSTATEMENT**

CR2E081 (11/10)

12-13

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000002364

1. Corporation Name

Second Chance Out Reach Ministries Inc.

2. Principal Office Address - No P.O. Box # 1572 Capital Circle NW		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State SAME	
Zip 32303	Country US	Zip 32303	Country US

4. Date Incorporated or Qualified To Do Business in Florida 04/07/2000	
5. FEI Number 453196318	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Dushaun Smith

Street Address (P.O. Box Number is Not Acceptable)  
1572 CAPITAL CIRCLE NW

Suite, Apt. #, Etc.

City  
TALLAHASSEE

State  
FL

Zip Code  
32303

000248971340  
06/17/13--01018--017 \*\*297.50

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

Date 06/17/2013

REGISTERED AGENT MUST SIGN

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. 32303
VP	BETTY PITTMAN	2018 TRIMBLE RD	TALLAHASSEE, FL. 32303
T	TONYA PAYNE	2312 VINCENT DR.	TALLAHASSEE, FL. 32303
D	Dushaun Smith	1572 CAPITAL CIRCLE NW	Tallahassee, Fl. 32303

JUN 17 2013

10. E-mail Address: dsmith@scoministries.org

S. PRATHER

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/2013

850-701-3146

Date

Daytime Phone #