

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000004383

**FILED**  
**Nov 16, 2011**  
**Secretary of State**

**Entity Name:** SECOND CHANCE WORKFORCE INC.

**Current Principal Place of Business:**

8991 EQUUS CIRCLE  
BOYNTON BEACH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

8991 EQUUS CIRCLE  
BOYNTON BEACH, FL 33472

**New Mailing Address:**

**FEI Number:** 26-4813079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD SUITE A-100  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** SCOTT HOFFMIRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HOFFMIRE, SCOTT  
**Address:** 8991 EQUUS CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33472

**Title:** T  
**Name:** HOFFMIRE, JUDY  
**Address:** 8991 EQUUS CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33472

**Title:** S  
**Name:** HOFFMIRE, BEN  
**Address:** 51 GERMANTOWN CT  
**City-St-Zip:** CORDOVA, TN 38018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SCOTT HOFFMIRE

PRES

11/16/2011

Electronic Signature of Signing Officer or Director

Date