

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005662

1. Corporation Name

CHANCE, INC.

Principal Place of Business

1236 S MCDUFF AVE  
STE 206  
JACKSONVILLE FL 32205  
US

Mailing Address

1236 S MCDUFF AVE  
STE 206  
JACKSONVILLE FL 32205  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1993

5. FEI Number

59-3255941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	<del>KNIGHT, FINLEY</del> C. Michael Spencer	<del>4230 ORTEGA BLVD</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32202</del> St. Louis, MO 63146
<del>DP</del>	<del>BAKER, LEONARD</del>	<del>CXS 6737 SOUTH POINT DRIVE, SOUT</del>	<del>JACKSONVILLE FL 32216</del>
TD	<del>DANIELS, SUSAN</del> Sterling C.B. Ellis	<del>4204 DUVAL RD</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32250</del> St. Louis, MO 63146
PD	<del>HULL, RICHARD</del> Cynthia R. Dougherty	<del>2841 RIVERSIDE AVE</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32205</del> St. Louis, MO 63146
SD	<del>HAYWOOD, CONNIE</del> Robert H. Cleeland	<del>1065 LOBSTER LANE</del> 11780 Borman Drive	<del>JACKSONVILLE FL 32218</del> St. Louis, MO 63146

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

900009144583

11/21/02-01026-005 State \* Zip Code 5

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Brian Courtney  
Asst. V. Pres.  
REGISTERED AGENT MUST SIGN

Date

11-2-02

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Michael Spencer

11/04/02 (314) 812-1719

Date

Daytime Phone #

CR20040 (8/02)