# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000001502

1. Entity Name
SECOND CHANCE ACADEMY, INC.

FILED
04 OCT 25 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004

| Principal Place of Business | Mailing Address |
|---|---|
| 61 NORTH ORANGE AVE<br>ORLANDO, FL 32801 | 61 NORTH ORANGE AVE<br>ORLANDO, FL 32801 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
52-2106075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BURRELL, SIMUEL<br>61 NORTH ORANGE AVE<br>ORLANDO, FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SIMUEL BURRELL 10/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $236.25**
**After January 1, 2005, Fee will be $297.50**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FISHER, JOHN<br>20 N ORANGE AVE<br>ORLANDO, FL 32801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900042120089<br>10/25/04--01006--017 **236.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SNEED, PAUL<br>212 MARKER ST.<br>ALTAMONTE SPRINGS, FL 32701 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>INGRAM, J. CHARLES<br>37 N. ORANGE AVE.<br>ORLANDO, FL 32801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHAPIN, BRUCE E<br>200 E ROBINSON ST<br>ORLANDO, FL 32805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WARNER, DEBORAH G<br>20 NO ORANGE AV<br>ORLANDO, FL 32801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN FISHER 10/12/04 9078432111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #