

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001502

1. Corporation Name

SECOND CHANCE ACADEMY, INC.

2. Principal Office Address - No P.O. Box #
1322 ARLINGTON STREET

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32805

Country

3. Mailing Office Address
1322 ARLINGTON STREET

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32805

Country

7. Name and Address of Current Registered Agent

Name
BURRELL, SIMUEL

Street Address (P.O. Box Number is Not Acceptable)
1322 ARLINGTON STREET

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32805

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

Simuel Burrell
REGISTERED AGENT MUST SIGN

Date 10/19/07

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
D	FISHER, JOHN	20 N ORANGE AVE	ORLANDO, FL 32801
D	SNEED, PAUL	212 MARKER ST	ALTAMONTE SPRINGS, FL 32701
D	INGRAM, J. CHARLES	37 N ORANGE AVE	ORLANDO, FL 32801
D	CHAPIN, BRUCE E.	200 E ROBINSON ST	ORLANDO, FL 32805
D	WARNER, DEBORAH G	5250 S US HWY 17/92	CASSELBERRY, FL 32707

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 contained in Chapter 119, 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:

JOHN FISHER
(Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/07
Date

407-843-2111
Daytime Phone #

FILED

2007 OCT 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

0507

4. Date Incorporated or Qualified
To Do Business in Florida 03/12/1997

5. FEI Number 52-2106075

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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