PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 25 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109780

1. Corporation Name
Second chance Supported Living Services, Inc.

"Reinstatement 04-06"

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1043 NW 74 st	1043 N.W 74 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fla	City & State: Miami, Fla
Zip: 33150 Country:	Zip: 33150 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2001

5. FEI Number: 61-1402601 ☐ Applied For ☐ 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: Glady M Jackson

Street Address (P.O. Box Number is Not Acceptable): 1043 NW 74 st

Suite, Apt. #, Etc.:

300073505613
05/01/06--01055--015 **43.75

City: Miami State: FL Zip Code: 33150

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: Glady M Jackson Date: 4/19/06

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
CEO	Glady M Jackson	1043 N.W 74 st	Miami Fla 33150

10. I certify that I am an officer or director of 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: Glady M Jackson 4/19/06 (786)231-9831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #