PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 SEP 10 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)

1. Corporation Name

First Chance, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1100 Cesery Blvd	P.O. Box 2122
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32211 Country: United States	Zip: 32203-2122 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 01/23/2002

5. FEI Number: 010585 9 ☐ 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: Natasha Owens

Street Address (P.O. Box Number is Not Acceptable): 1100 Cesery Blvd

Suite, Apt. #, Etc.:

City: Jacksonville, State: FL Zip Code: 32211

DC
Yrs.
10-21
10/1/21

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: Natasha Owens Date: 8/29/2021

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
D	Natasha Owens	1100 Cesery Blvd,	Jacksonville, FL 32211

10. E-mail Address: msnatasha00@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Natasha Owens 8/29/2021 904-887-2366

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