

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000015896

1. Corporation Name

LAST CHANCE ENTERPRISES, INC.

2. Principal Office Address

290 S. SECOND AVE

3. Mailing Office Address

1152 MARTY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW, FL

Zip

33830

Country

USA

Zip

33830

Country

USA

300076067563
06/12/06--01013--008 **1050.00
REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida 2/10/2003

5. FEL Number

37-1459085

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
WILLIAM KEITH

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

1517 COMMERCIAL PARK DR.

Suite, Apt. #, Etc.

City
LAKELAND

State
FL

Zip Code
33801

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

REGISTERED AGENT MUST SIGN

Date 4/12/06

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
P	KAREN A. HURST	1152 MARTY LANE	BARTOW, FL 33830

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:

Karen Hurst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-06

Date

863-533-3794

Daytime Phone #

K. Eckel MAY 10 2006