PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of DIVISION OF CORP					ate	2022 JUH 27 AII 8: 27		
DOCUMENT # P12000094483 1. Corporation Name Chance Logistics, Inc							ř. C.	S.F.L
_				Office Address Chester Creek Road		06/27/2201048005 ++1950.00 7003:90162517 06/27/2201048005 ++1950.00		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CR2E081 (11/10) 4. Date Incorporated or Qualified		
City & State			City & State			To Do Business in Flonda		
Jacksonville, Fl			Jacksonville, Fl			5. FEI Number Applied For Not Applicable		
Zip 32218	Coun	itry	Zip 32218	Country	,	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent						<u> </u>		
Name Joshua, Aaron N						-		
Street Address (P.O. Box Number is Not Acceptable) 1756 W 45th Street								
Suite, Apt. #, Etc.						-		
City Jacksony	ille_			State FL	Zip Code 32209			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN						bligations of secti	on 607.0505 or 617.0503	/2022
9. Names an	d Street Address	es of Each Officer and	Vor Director (Florida n	onprofit corpor	ations must list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
P	Stephen Chance			12063 Chester Creek Road			Jacksonville, Fl 33218	
2020-202						ΓFM	FNT	
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							CF	
							0 7161	2022
^{0.} E-mail A	ddress <u>:</u>	tevechance29@g	mail.com	(To be used fo	r 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #