PLEASE READ	ALL INST	BUCTIONS	BEFORE C	COMPLET	ING THIS FOR	 •M
APPLICATION FOR REINSTATEMENT	FLORIDA	A DEPARTMENT Sandra B. Mor Secretary of Street	NT OF STATE r thám State		FILE	
DOCUMENT # P930000 37522 .			, ,	98 APR 23 PM 1: 14		
1. Corporation Name						
CHANCES SPORTS PUB INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				}		
610 FORREST AVENUE COCOA, FLORIDA 32922						
			Ų	BEINS	TATEMEN	197-98
If above addresses are incorrect in any way, line to 2. New Principal Office Address, If Applicable		information and enter correction below. ling Office Address, If Applicable		4 Date Incorporated or Qualified		
Suite, Apt. #. etc.	Suite, Apt. #.	Suite, Apt. #, etc.		To Do Busin		05/21/1993
City & State	City & State	City & State		59.	3178459	Applied For Not Applicable
Zip Country	Try Zıp Co		у	6. CERTIFICATE	E OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	d/or Director (Flor			···· <u>··</u>		
Title(s) Name of Officers and/or Directors 1 2	Off	Street Address of Each Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4			/ State / Zip	
P/T LUCINDA B. PETERSON 315 BRIGHTWATERS DRIVE COCOA BEACH, FLORIDA						,FLORIDA
VP/S STEVEN O. ELLIS	127 ST. JOSEPH WAY PITTSBURG, PA.				1	
					****750.0	-01069015 0 ****750.00
						30404 -01069016 ****150-00
8. Name and Address of Current Registered Agent Name				9. Name and A	****150 ① ddress of New Register	
STEVEN O. ELLI	LUCINDA B. PETERSON Street Address (P.O. Box Number is Not Acceptable) 315 RRIGHTWATERS DRIVE Suite, Ant # Fro					
200 INTERNATIONAL DR,.875 CAPE CANAVERAL, FLORIDA 32920						
			City State Zip Code			
10. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligation						L 32931
Signature of Registered Agent Streen	EGISTERLEAR	AFRUST SIGN			Date ///4/	8
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No C (See other side for information on intangible tax.)						
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been part and up- on this application is true and accurate. Any by S	olution has been e names of individue	eliminated, the corporals listed by	rate name satisfies t	he requirements in exemption und	of section 607.0401 or 617	7.0401 F.S. that all fees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # Daytime Phone #						