PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
VISION OF CORPORATION
03 MAY 19 PM 2:23

DOCUMENT # P94000060414

1. Corporation Name

Chance Enterprise, INC.

4000202S0354
05/29/03--01011--082 **1517.50

REINSTATEMENT 98-03

2. Principal Office Address	**3.** Mailing Office Address
1150 Hamilton lane	PO BOX 416
Suite, Apt. #, etc.	Suite, Apt. #, etc.
lot #12	
City & State	City & State
Chokoloskee, FL	Chokoloskee, FL

Zip 34138	Country US	Zip 34138	Country US

4. Date Incorporated or Qualified To Do Business in Florida 8/17/1994

5. FEI Number 650525759 | 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 Robert Wells

Street Address (P.O. Box Number is Not Acceptable) 409 Allen Avenue

Suite, Apt. #, Etc.

City Everglades City   State FL   Zip Code 34139

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 _Robert Wells_   Date 5/16/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Robert J. Wells Jr.	1150 Hamilton LN lot #12	Chokoloskee, FL 34138
VP	Alice V. Wells	409 Allen Ave.	Everglades City, FL 34139
D	Robert Wells	409 Allen Ave	Everglades City, FL 34139

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 under section 119.07(3)(i), 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: _Robert Wells_ Robert J. Wells Jr.   5/16/03   (239)695-0554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #