

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 16 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-97000052599*

1. Corporation Name

Second Chance Academy and Security Inc.

2. Principal Office Address

3500 North State Rd. 7

Suite, Apt. #, etc.

Suite 333

City & State

Lauderdale Lakes

Zip

33319

Country

USA

3. Mailing Office Address

3836 NW 34th Street

Suite, Apt. #, etc.

City & State

Lauderdale Lakes

Zip

33309

Country

USA

REINSTATEMENT *02-01-18*

4. Date Incorporated or Qualified
To Do Business in Florida

6/97

5. FEI Number

65-0769303

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

Willie Edward Jones *700003568627-1*

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

3836 NW 34th Street

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33309

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

Willie Edward Jones

REGISTERED AGENT MUST SIGN

Date

12/04/00

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
<i>P</i>	<i>Willie Edward Jones</i>	<i>3836 NW 34th Street</i>	<i>Lauderdale Lakes FL 33309</i>
<i>S-T</i>	<i>Vaderlen W. Jones</i>	<i>3836 N.W. 34th Street</i>	<i>Lauderdale Lakes FL 33309</i>
			<i>700003568627-1</i>
			<i>-01/24/01--01003--005</i>
			<i>***1050.00 ***1050.00</i>

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:

Willie Edward Jones

Willie Edward Jones

12/04/00

(954) 677-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)