

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 11 PM 2:50

DOCUMENT # 197000094935

**1. Corporation Name**

SECOND CHANCE CHARITERS INC.

200030509352

03/16/04--01037--030 \*\*1050.00

**2. Principal Office Address**

13180 Ringneck Rd

Suite, Apt. #, etc.

**City & State**

Talla. Fl.

**Zip**

32312

**Country**

USA

**3. Mailing Office Address**

13180 Ringneck Rd

Suite, Apt. #, etc.

**City & State**

Talla. Fl.

**Zip**

32312

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1997

**5. FEI Number**

59-3030054

**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 Christina OXENDINE

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

13180 Ringneck Rd

Suite, Apt. #, Etc.

Talla. Fl.

City

State

FL

Zip Code

32312

**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

*Christina Oxendine*

REGISTERED AGENT MUST SIGN

Date

3/11/04

**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
PD	Charles S Oxendine	13180 Ringneck Rd	Talla. Fl. 32312
SD	Christina C Oxendine	13180 Ringneck Rd	Talla. Fl. 32312

**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:**

*Christina Oxendine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

Date

850 893 8555

Daytime Phone #

CR2E081 (9/01)

I Christina Oxendine have never  
received any corporation forms  
in 1998.

3/11/04

Christina