PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P98000056642 DOCUMENT #

1. Corporation Name

FOUR CHANCES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED 00 OCT 31 AM 9: 39 SECRETARY OF STATE TALLAHASSEE FLORIDA

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701 RIDGEWOOD AVENUE HOLLY HILL FL 32117		701 RIDGEWOOD AVENUE DAYTONA BEACH FL 32117								
If above a	addresses are	incorrect in any way, line t	through incorrect in	nformation a	and enter correction below.	REINS	STATEME	NT	$/) \cup$	
		Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O6/12/1998			
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State			5. FEI Numbe		- 00/ 12/ 10	Applied For	
						59-35 19 184 Not Ap			Not Applicat	
Zip Country		Zip		Country	CERTIFICATE OF STATUS DESIRED					
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	orida nonpro	fit corporations must list at le					
Title(s)	Name of Officers and/or Directors			3	Street Address of Eac Officer and/or Directo		City / State / Zip			
Р	FLORES, TEEJAY			1236 FL	ORENCE CT.		HOLLY HILL FL 32117			
							0000346 -11/17/00 ****750.	ا1070––(0004	
						0 None and				
Name and Address of Current Registered Agent					Name	9. Name and Address of New Registered Agent Name				
FLORES, TEEJAY 701 RIDGEWOOD AVE HOLLY HILL FL 32117					Street Address ((P.O. Box Number is Not Acceptable)			
					City			State Zip C	ode	
10. I, bein Signature of Registered					familiar with and accept the		tion 607.0505, F.S. Date	6-00		

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 filling 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.

REGISTERED AGENT MUST SIGN