

H020001549532

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 19 PM 14:34

APPROVED AND FILED

DOCUMENT # **P99000048557**

1. Corporation Name
My Chance Inc

2. Principal Office Address
99228 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 2308
Suite, Apt. #, etc.

City & State
Key Largo, FL

City & State
Key Largo, FL

Zip
33037 | **Maroe**

Zip
33037 | **Maroe**

REINSTATEMENT **2000-2002**

4. Date Incorporated or Qualified To Do Business in Florida
May 24, 1999

5. FEI Number
650943934

6. CERTIFICATE OF STATUS DESIRED **A**

Applied For Not Applicable

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Christina E. Cosme

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

City
Key Largo

State
FL

Zip Code
33037

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 E. Cosme

Date
6-19-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Albert Cosme	118 Second ct	Key Largo, FL 33037

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(5)(X), 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: **Al. Cosme**

DATE: **6-19-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

H020001549532

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000154953 2))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY *AGL*
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

MY CHANCE INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75