PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
FOR A PRINSTATIFIED					A DEPARTMENT OF STATE Jim Smith Secretary of State IVISION OF CORPORATIONS			Š. FILFD			
DOCUMENT # 738051 1. Corporation Name							02 NOV 14 AM 10: 39				
HOLMES COUNTY CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address							SECRETARY OF STATE 10回回回答当会怎么 11/14/0201026019 **61,25				
106 E BYF P.O. BOX BONIFAY I	RD AVE. 779- FL 32425-3004		ress D AVENUE L 32425 Information and enter correction below.					019 **5			
				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/09/1977				
City & State City & State							1 59-1836672 1 			Applied For Not Applicable	
Zip Country Zip			I Country				E OF STATUS DESIR		ditional Fee required ertificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director					City / State / Zi	p		
PD	^	N, CHARLES	3402 HWY 90				BONIFAY FL	32425			
PD_	Kidiere	, <u>.</u>	3094 Indian Circle			market and the second	Marianno	2, FL 3	2446		
D	HOLMAN, JOAN Manuel				109 N WAUKESHA			BONIFAY FL	32425		
VPD VPD	Bell,	Harry	312 W PENNS JANIA ST			BONIFAY FL 32425					
TD TD	Coates		PO BOY 810				BONIFAY FL Bonifau	F- 32	425		
Đ Đ	Hersman, Don				911 N Wankesha			BONIFAY FL Bonifau	→ 1	2425	
D Parker Paul				157 Hayt Street				Chipley	, FL 32	1428	

-ANDERSON, CHARLES106 E BYRD AVENUE/P-O-BOX-779
BONIFAY FL 32425

8. Name and Address of Current Registered Agent

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

Street Aporess (F.O. Box Number is Not Acceptable

Suite, Apt. #, Etc.

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNAJURE REGURED
REDISTERED AGENT MUST SIGN

Date 10-25-02

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 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

SICIPLE OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02

Daytime P

CR2E040 (8/0

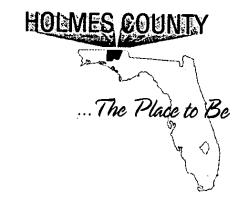
Holmes County
Development Commission

&

Chamber of Commerce

Proud Member of Opportunity Florida

October 25, 2002



Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

On behalf of the Holmes County Chamber of Commerce, we would like to reinstate our status with the Department of State. To my knowledge, we did not receive the Uniform Business Report notices. Enclosed is a completed application for reinstatement and the UBR filing fee for \$61.25. If we need to provide any further information, please advise.

Thank you for your attention to this matter.

Sincerely,

Bud Riviere, President

Holmes County Chamber of Commerce