

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738051

1. Corporation Name

HOLMES COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

106 E BYRD AVE.
P.O. BOX 779
BONIFAY FL 32425-3004

Mailing Address

106 E BYRD AVENUE
BONIFAY FL 32425
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1977

5. FEI Number

59-1836672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip
PD	ANDERSON, CHARLES	3402 HWY 90	BONIFAY FL 32425
PD	Riviere, Bud	3094 Indian Circle	Marianna, FL 32446
D	HOLMAN, JOAN Manuel	109 N WAUKESHA	BONIFAY FL 32425
VPD	WILLIAMS, RUSTY	312 W PENNSYLVANIA ST	BONIFAY FL 32425
VPD	Bell, Harry		
D	GEORGE, VIC	221 N WAUKESHA	BONIFAY FL
TD	Coates, Martin	P.O. Box 810	Bonifay, FL 32425
D	BOWEN, ROBERT	402 N WAUKESHA	BONIFAY FL
D	Hersman, Don	911 N Waukesha Street	Bonifay, FL 32425
D	Parker, Paul	757 Hoyt Street	Chipley, FL 32428

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, CHARLES
106 E BYRD AVENUE/P.O. BOX 779
BONIFAY FL 32425

Name: Jul Fickmann
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

State
FL 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

SIGNATURE REQUIRED

REGISTERED 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02

CR2E040 (8/02)

Holmes County
Development Commission
&
Chamber of Commerce

Proud Member of Opportunity Florida

October 25, 2002

HOLMES COUNTY



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,

A handwritten signature in cursive script that reads "Bud Riviere".

Bud Riviere, President
Holmes County Chamber of Commerce