

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 PM 3:01

DOCUMENT # F97000006872

1. Corporation Name

C & H TRUCKING, INC.

Principal Place of Business

Mailing Address

~~49 ORANGE ACRES MHP~~

~~49 ORANGE ACRES MHP~~

~~LAKE WALES FL 33853~~

~~LAKE WALES FL 33853~~

14695 E. Royal OAK DR. 14695 E. Royal OAK DR
PERRY, FL 32348 PERRY, FL 32348

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

4. Date Incorporated or Qualified To Do Business in Florida

12/26/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 31-1610345

Applied For

City & State

City & State

59-3484640

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HOUSER, HAROLD	49 ORANGE ACRES MHP 14695 E. Royal OAK DR.	LAKE WALES FL PERRY, FL 32348
D	CARTER, MARY	49 ORANGE ACRES MHP 14695 E. Royal OAK DR.	LAKE WALES FL PERRY, FL 32348
			7800004679647-3
			-11/15/01--01003--009
			***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, MARY
~~49 ORANGE ACRES MHP~~
~~LAKE WALES FL 33853~~

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

MARY E. CARTER

REGISTERED AGENT MUST SIGN

Date 10/22/01

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:

MARY E. CARTER 10/22/01 850-578-2976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #