

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 14 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G15064**

1. Corporation Name

**C. & H. MANAGEMENT COMPANY, INC.**

Principal Place of Business

% BISHOP HOLIFIELD  
110 LINCOLN ST  
TALLAHASSEE FL 32301

Mailing Address

% BISHOP HOLIFIELD  
110 LINCOLN ST  
TALLAHASSEE FL 32301

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

12/27/1982

5. FEI Number

59-2268008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>HOLIFIELD, B.</b>	<b>110 LINCOLN ST</b>	<b>TALLAHASSEE FL</b>
<b>D</b>	<b>HOLIFIELD, M.C.</b>	<b>110 LINCOLN ST</b>	<b>TALLAHASSEE FL</b>
<b>D</b>	<b>HOLIFIELD, BC</b>	<b>4033 DELVIN DR</b>	<b>TALLAHASSEE FL</b>
<b>P</b>	<b>HOLIFIELD, E.</b>	<b>3808 LONGLEAF RD</b>	<b>TALLAHASSEE FL</b>
<b>D</b>	<b>HOLIFIELD, M.J.</b>	<b>1915 BRICKELL AVE 801</b>	<b>MIAMI FL</b>

8. Name and Address of Current Registered Agent

HOLIFIELD, BISHOP  
110 LINCOLN ST  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **Marilyn Holifield**  
Street Address (P.O. Box Number is Not Acceptable)  
**1915 BRICKELL AVENUE**  
Suite, Apt. #, Etc.  
**# 901**  
City **Miami** State **FL** Zip Code **33129**

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

*Marilyn Holifield*

REGISTERED AGENT MUST SIGN

Date

11/11/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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:

*Marilyn Holifield* **Marilyn Holifield**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/96

Date

(305) 789-7730

Daytime Phone