

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

-99 DEC 30 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L32155

1. Corporation Name

CCH Management, Inc.

W99-28757

Principal Place of Business

3333 Lee Parkway  
Suite 900  
Dallas, TX 75219

Mailing Address

same

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

2. New Principal Office Address, If Applicable  
One Park Plaza

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
P.O. Box 750

Suite, Apt. #, etc.

City & State

Nashville, TN

City & State

Nashville, TN

Zip

37203

Country

USA

Zip

37202

Country

USA

REINSTATEMENT

95-9

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/89

5. FEI Number

75-2315116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Jay Grinney	One Park Plaza	Nashville, TN 37203
VP	Ronald Lee Grubbs	One Park Plaza	Nashville, TN 37203
Sec	John M. Franck II	One Park Plaza,	Nashville, TN 37203
Treas	David G. Anderson	One Park Plaza	Nashville, TN 37203
Asst. Sec.	Dora A. Blackwood	One Park Plaza	Nashville, TN 37203

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.

1201 Hays Street  
Suite 105  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

200003096962--8

Suite, Apt. #, Etc.

-01/13/00--01007--019

\*\*\*1350.00 \*\*\*1350.00

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.

Signature of  
Registered Agent

*Lynette Coleman*  
REGISTERED AGENT MUST SIGN

Lynette Coleman  
as its agent

Date

12/30/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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:

*Dora A. Blackwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dora A. Blackwood, Assistant Secretary

Date 12/8/99 Daytime Phone #

KE