

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

97 NOV 13 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054782

1. Corporation Name

CCO MANAGEMENT, INC.

Principal Place of Business

6823 S.E. 12TH CIRCLE
SUITE 503
OCALA FL 34480
US

Mailing Address

P. O. BOX 4016
SUITE 503
OCALA FL 34478
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

08/04/1993

5. FEI Number

59-3219289

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)

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
P	WEST, B. DUKE	1205 S.W. 42ND STREET	OCALA FL
VP	RHODES, WILLARD	660 S.W. 80TH STREET	OCALA FL
S	WOLLETT, FREDERIC	5105 S.E. 14TH PLACE	OCALA FL
T	MCDONIELS, MICHAEL	1517 SE 24TH TERRACE	OCALA FL

700002350557-4

-11/18/97-01058-001

***750.00 ***750.00

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

GRAY, STEVEN H.
125 N.E. 1ST AVENUE
SUITE 503 #1
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/11/97

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MCDONIELS, TREASURER 11/4/97 352-732-1112

Date

Daytime Phone #

CR2040 (8/97)