

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 MAY-16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066212

1. Corporation Name

C & H RECYCLING CORPORATION

Principal Place of Business

Mailing Address

1859 EAST ADAMS STREET
JACKSONVILLE FL 32202
US

1859 EAST ADAMS STREET
JACKSONVILLE FL 32202
US

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

2. New Principal Office Address, If Applicable
1903 EAST ADAMS ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1903 EAST ADAMS ST.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32202

Country
USA

Zip
32202

Country
USA



REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1993

SP

5. FEI Number

59-3203731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ X

\$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
1	2	3	4
P	CARDEN, FERRELL J	10015 RANDALLSTOWN LANE	JACKSONVILLE FL 32256
ST	HOLLFELDER, KURT F	2196 EVENTIDE ROAD	JACKSONVILLE FL 32259

3000003264499--0
-05/24/00--01003--009
***908.75 ***908.75

8. Name and Address of Current Registered Agent

CARDEN, FERRELL J
10015 RANDALLSTOWN LANE
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name
KURT FRANK HOLLFELDER
Street Address (P.O. Box Number is Not Acceptable)
1903 EAST ADAMS STREET
Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32202

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

SIGNATURE REQUIRED
KURT F. HOLLFELDER

Date MAY 10, 2000

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
KURT F. HOLLFELDER

MAY 10, 2000 (904)

Date 356-0019

CR2E04D (8/99)