

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000025302

1. Corporation Name

C & H TRANSFER, INC.

Principal Place of Business

7499 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33446

Mailing Address

7499 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33446

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

2. New Principal Office Address, If Applicable

~~C & H Transfer~~
~~Suite, Apt. #, etc.~~
~~707 West Lake Dr~~
~~Wimauma, FL~~
~~Zip~~ 33598 ~~Country~~ USA

3. New Mailing Office Address, If Applicable

~~P.O. Box 1975 C & H Transfer~~
~~Suite, Apt. #, etc.~~
~~Salisbury Md P.O. Box 1975~~
~~City & State~~
~~Salisbury, Md.~~
~~Zip~~ 21802 ~~Country~~ USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1996

5. FEI Number

65-0663925

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 |
|---------------|---|--|--|
| D | CORNELIUS, DWIGHT J | 7499 WEST ATLANTIC AVENUE | DELRAY BEACH FL 33446 |
| D | WILLIAMS, JEFF | 7499 WEST ATLANTIC AVENUE | DELRAY BEACH FL 33446 |
| D | HEARNE, WILLIAM P JR | 7499 WEST ATLANTIC AVENUE | DELRAY BEACH FL 33446 |
| | | | 700002361297-4 -12/02/97-01069-016 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name
Dwight J. Cornelius
Street Address (P.O. Box Number is Not Acceptable)
5114 Rolling Fairway
Suite, Apt. #, Etc.

City
Baldrico

State
FL

Zip Code
33594

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 11/20/97

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

Date

Daytime Phone #