

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG -1 AM 11:07

DOCUMENT # P99000022903

1. Corporation Name

C & H Services, Inc.

600004537076--8  
-08/16/01--01011--004  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

4839 SW 148th Ave.

Suite, Apt. #, etc.

#444

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Davie, Florida

City & State

Same

Zip

33330

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

3/8/99

5. FEI Number

65-0916596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charlene Diaz

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

6936 SW 148th Lane

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Charlene Diaz*

REGISTERED AGENT MUST SIGN

Date 6/30/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Charlene Diaz	6936 SW 148th Lane	Davie, Fl. 33331
V.P.	Hiram Diaz	6936 SW 148th Lane	Davie, Fl. 33331

10. 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:

*Charlene Diaz*

Charlene Diaz 6/30/01 954/680-7159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**C & H Services, Inc.**

4839 S.W. 148th Ave. ~ Suite #444 ~ Davie, FL 33330  
Phone 954/680-9948

July 30, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

RE: C & H Services, Inc.  
FEI #65-0916596

To whom it may concern:

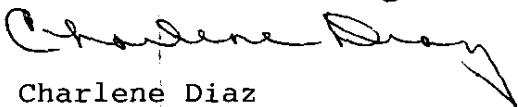
Enclosed please find Corporation Reinstatement and check in the amount of \$300.00 for annual fees for 2000 and 2001.

Please note that the reinstatement fee was waived since I never received the annual reports and I did not change my address.

Sorry it took so long for me to get this to you, but my business is part time and I had to save up the fees.

Thank you for your patience in this matter and if possible, let me know when my corporation is active again.

Sincerely,



Charlene Diaz  
C & H Services, Inc.

enc: 2