

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -2 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078662

1. Corporation Name

C D H P, Inc.

2. Principal Office Address

2121 Old Greenbrier Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2121 Old Greenbrier Rd.

Suite, Apt. #, etc.

City & State

Chesapeake, VA

City & State

Chesapeake, VA

Zip

23320

Country

Zip

23320

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/99

5. FEI Number

11-3209524

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

Patrick Cavanagh

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

300 Avenue of Champions

Suite, Apt. #, Etc.

Suite 260 Chapdelaine

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Date 6-1-06

REGISTERED AGENT MUST SIGN

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	Patrick Cavanagh	212 Avonlea Point	Chesapeake, VA 23322
Sec/Treas	Anita L. Cavanagh	212 Avonlea Point	Chesapeake, VA 23322

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 contained in Chapter 119, 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

6-1-06

Date

Daytime Phone #

May 31, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: reinstatement fee waiver for C D H P, Inc document #P99000078662

I respectfully request the reinstatement fee for C D H P, Inc. be waived as the corporation did not receive the annual report notices in the year of revocation.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Cavanagh', with a stylized, flowing script.

Patrick Cavanagh