

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 12 AM 7:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 99000078662

1. Corporation Name

C D H P, INC.

REINSTATEMENT 02-03

2. Principal Office Address

500 100th Street SW

3. Mailing Office Address

500 100th Street SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Byron Center, MI

City & State

Byron Center, MI

Zip

49315

Country

USA

Zip

49315

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

September 2, 1999

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)

5157 Elpine Way

200020810892
06/12/03--01083--013 **918.75

Suite, Apt. #, Etc.

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 5-25-2003

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
P/T	Patrick J. Cavanagh	5157 Elpine Way	Palm Beach Gardens, FL 33418
VP/S	Anita L. Cavanagh	5157 Elpine Way	Palm Beach Gardens, FL 33418

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:

Patrick Cavanagh

5-25-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

g 6/12