

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 29 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 467087

1. Corporation Name

COMANDER FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

3 WEST MAIN ST.
DEFUNIAK SPRINGS FL 32433

3 WEST MAIN ST.
DEFUNIAK SPRINGS FL 32433

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
3940 Olympic Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 500

5. FEI Number

59-1567814

Applied For

Not Applicable

City & State

City & State
Erlanger, Kentucky

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

41018

USA

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
PO	JOHNSON, THOMAS H	691 TEKULVE ROAD	BATESVILLE IN 47006
S	GAARSOE, BERNHARD L	691 TEKULVE ROAD	BATESVILLE IN 47006
V	CUTTER, WILLIAM B	691 TEKULVE ROAD	BATESVILLE IN 47006
V	COOPER, PETER D	691 TEKULVE ROAD	BATESVILLE IN 47006
	SEE ATTACHED LISTING		

REINSTATEMENT 98 B.12/30/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMANDER, ROBERT M
3 WEST MAIN STREET
DEFUNIAK SPRINGS FL 32433

Name

G. David Lowery

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

6301 Taft Street 400002733614--4

Suite, Apt. #, Etc.

01707739-01080-019

***750.00 ***750.00

City
Hollywood

State
FL

Zip Code
33024

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

Date December 28, 1998

REGISTERED AGENT MUST SIGN

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)(f), 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

Peter D. Cooper

December 28, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Names and Addresses of Officers and Directors

Comander Funeral Home, Inc.

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<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>
PD	Gary L. Wright	3940 Olympic Blvd.	Erlanger, KY 41018
SD	Myles S. Cairns	3940 Olympic Blvd.	Erlanger, KY 41018
V	Peter D. Cooper	3940 Olympic Blvd.	Erlanger, KY 41018