PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718761

1. Corporation Name

CROSBY LAKE CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
308 S THOMPSON STREET STARKE FL 32091 US	308 S THOMPSON STREET P.O. BOX 1209 STARKE FL 32091 US

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/1970

5. FEI Number: 23-7434526 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHANNON, BOBBY	ROUTE 1 BOX 828	STARKE FL 32091
D	NORMAN, RUSSELL A	1305 E CALL ST	STARKE FL 32091
P	REGISTER, FREEMAN III	HAMPTON	STARKE FL 32091
D	GRIFFIS, CLIFF	ROUTE 3 BOX 1604	STARKE FL 32091
XD	~~HIGHTOWER, BEN~~ Hardy, CHASE	~~ROUTE 3 BOX 310~~ 327 N. WALNUT ST.	STARKE FL 32091
S	FUTCH, STEVEN, P.	514 EAST NONA STREET	STARKE FL 32091

8. Name and Address of Current Registered Agent

REGISTER, FREEMAN III
308 S THOMPSON STREET
STARKE FL 32901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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CR2E040 (8/00)

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 — REGISTERED AGENT MUST SIGN

Date: 11/22/00

11. 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 REQUIRED Steven Futch — 11-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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