PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 30 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84265

1. Corporation Name

HARMON FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
5002 N. 40TH ST. TAMPA FL 33610	P.O. BOX 310337 TAMPA FL 33680

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/1990

5. FEI Number: 59-3022099 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (A fee to cover the cost of issuing the Certificate of Status)

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	4 City / State / Zip
SD	HARMON, CECELIA N	3218 LANCASTER LANE	TAMPA FL
~~PT~~	~~HARMON, JOHN W III~~	~~3218 LANCASTER LANE~~	~~TAMPA FL~~
P	Harmon, Dorothy E.	3930 Cherry Street	Tampa FL
VP	Harmon, John W. III	3218 Lancaster Lane	Tampa FL
MT	Harmon, James A.	3930 Cherry Street	Tampa FL
	REINSTATEMENT TS	000003066160--7 -12/10/99--01009--013 *****150.00 *****150.00	

8. Name and Address of Current Registered Agent

HARMON, JOHN W III
1119 W. NASSAU ST.
TAMPA FL 33607

000003066160--7
-12/10/99--01009--015
*****8.75 *****8.75

9. Name and Address of New Registered Agent

Name: John W. Harmon, Jr.
Street Address (P.O. Box Number is Not Acceptable): 906 E. Flora Street
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33604

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*****600.00 *****600.00

CR2E040 (6/99)

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: John Washington Harmon Jr. Date: Nov. 9, 1999
REGISTERED AGENT MUST SIGN

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: Cecelia N. Harmon 11-9-99 (813) 626-8600 or (813) 621-5327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007/1167 AP