

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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 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
SD	HARMON, ZECCELIA N	3218 LANCASTER LANE	TAMPA FL
VP	HARMON, JOHN W III	3218 LANCASTER LANE	TAMPA FL
P	HARMON, DOROTHY	3930 CHERRY STREET	TAMPA FL
MT	HARMON, JAMES A	3930 CHERRY STREET	TAMPA FL
			600003459906--2 -11/09/00--01127--001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

HARMON, JOHN W III
906 E. FLORA STREET
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name **GERALD R. HERMS**
Street Address (P.O. Box Number is Not Acceptable)
17700 HAWNA RD.
Suite, Apt. #, Etc.

City **WT2, FL**

State **FL**

Zip Code **33549**

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]
REGISTERED AGENT MUST SIGN

Date **OCT 23, 2000**

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
JOHN W. HARMON, III
VICE PRESIDENT

OCT 23, 2000
Date

813626-8600
Daytime Phone #