

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 31 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

500006967295--9
-08/08/02--01002--008
****122.50 ****122.50

DOCUMENT # *N 42938*

1. Corporation Name

*MARTIN VANBUEN VANNESS Family Cemetery
ASSOCIATION/ Corporation*

2. Principal Office Address

3. Mailing Office Address

P.O. Box 226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lecanto

Lecanto FLA.

Zip

Country

Zip

Country

34461

citrus

34460

citrus

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-91

5. FEI Number

593070614

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

Thomas M. Van Ness, JR ESQ

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

1205 N. Meeting Tree Boulevard

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

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

Thomas M. Van Ness, JR

REGISTERED AGENT MUST SIGN

Date *7-29-2002*

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
<i>D</i>	<i>MIKE VANNESS</i>	<i>360 N. CROFT AVE.</i>	<i>Van Ness Fl 34453</i>
<i>D</i>	<i>DOUGLAS NAYLOR</i>	<i>P.O. BOX 226</i>	<i>Lecanto 34460</i>
<i>D</i>	<i>DAVID CROFT</i>	<i>3680 W. Starlight Path</i>	<i>Lecanto FLA 34460</i>
<i>D</i>	<i>CARLTON CHAPPELL</i>	<i>2031 Hill + N-Dale St. North</i>	<i>Tallahassee Fl 32317</i>

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:

Douglas D. Naylor

Douglas D. Naylor

Date

7-16-02

Daytime Phone #

1 352 6345493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

M.V. Van Ness Country
Not Profit
corp.

To Whom it May Concern

Do to AN INJUNCTION
I never received
Renewal Paper For
Van Ness Cemetery
Please Except
my sincere regret
in this matter

Here is check
For \$1,23.00 For
two years

New Appl. should
Be coming soon
New add. P.O. Box 226
Lecanto FL 34460

P.S. Hope you can read my writing