

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42938

1. Corporation Name

MARTIN VANBUREN VANNESS FAMILY CEMETERY ASSOCIATION/CORPORATION

MM

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

P O BOX 226

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 226

Suite, Apt. #, etc.

City & State

LECANTO FL

City & State

LECANTO FL

Zip
34460

Country
US

Zip
34460

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEL Number
59-3070614

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
VAN NESS, THOMAS M., JR., ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
1205 N MEETING TREE BLVD

100066555411

Suite, Apt. #, Etc.

~~02/24/06~~ 01014 013 **245.00

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.

Date 1-16-06

REGISTERED AGENT MUST SIGN

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
D	VANNESS, MIKE	360 N CROFT AVE	INVERNESS FL 34433
D	NAYLOR, DOUGLAS	P O BOX 226	LECANTO FL 34460
D	CROFT, DAVID	3680 W STARLIGHT PATH	LECANTO FL 34461
D	CHAPPELL CARLTON	2031 HILL-N-DALE NORTH	TALLAHASSEE FL 32317

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 contained in Chapter 119, 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:

Thomas M. Van Ness, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

Daytime Phone #

2/2

**P. O. Box 226
Lecanto, FL 34460
January 9, 2006**

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314**

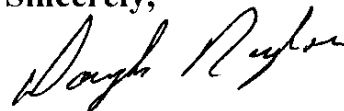
**RE: Corporation Reinstatement for Martin Van Buren Van Ness
Family Cemetery Association/Corporation**

Dear Sirs:

Enclosed is a check for \$245.00 for corporation reinstatement. I did not receive notice for 2003 and would like late fees waived.

Thank you for your assistance in this matter.

Sincerely,



Douglas Naylor