

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

5002 N. 40TH ST.
TAMPA FL 33610

Mailing Address

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		4. Date incorporated or Qualified To Do Business in Florida 06/29/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3022099	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See 7th Edition of Instructions for a Certificate of Status.</small>	

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, CECILIA 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

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HARMON, JOHN W III 1119 W. NASSAU ST. TAMPA FL 33607 000003066160--7 -12/10/99--01009--015 *****8.75 *****8.75		John W. Harmon, Jr. 906 E. Flora Street Tampa FL 33604 000003066160--7 -12/10/99--01009--014 *****600.00 *****600.00	

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

John W. Harmon, Jr.
REGISTERED AGENT MUST SIGN

Date **Nov. 9, 1999**

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:

Cecilia N. Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-99

Date

(813) 626-8600
(813) 621-5327
Daytime Phone #