

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 DEC -3 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 229896

**1. Corporation Name**

Sunset Memorial Park Inc.

**2. Principal Office Address**

c/o Bethune Cookman College

**3. Mailing Office Address**

c/o Bethune Cookman College

Suite, Apt. #, etc.

640 Mary McLeod Bethune Blvd.

Suite, Apt. #, etc.

640 Mary McLeod Bethune Blvd.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

US

Zip

32114

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/9/1959

**5. FEI Number**

590903196

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

Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

**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

REGISTERED AGENT MUST SIGN

Date 11/30/01

**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/P/ S/T	Dr. Oswald P. Bronson, Sr.	c/o Bethune Cookman College 640 Mary McLeod Bethune Blvd.	Daytona Beach, FL 32114

**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:**

Dr. Oswald P. Bronson, Sr.

Date 11/30/01

386-255-1811 ext. 251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #