

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 600429

1. Entity Name
E.A. STEVENS FUNERAL HOME P A



FILED

04 NOV 12 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**315 NW PEMBROKE RD.
HALLANDALE, FL 33009**

Mailing Address
**315 NW PEMBROKE RD.
HALLANDALE, FL 33009**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10202004 REIN-P CR2E098 (6/04)

4. FEI Number
59-1272897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent
**STEVENS, KENNEDY A
315 NW PEMBROKE RD.
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **LAVETTE STEVENS** *Lavette Stevens* **11/8/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

9. **FILE NOW!!! FEE IS \$150.00**
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEVENS, KENNEDY A		NAME LAVETTE STEVENS	
STREET ADDRESS 315 NW PEMBROKE RD		STREET ADDRESS 315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP HALLANDALE, FLA. 33009	
TITLE FD	<input type="checkbox"/> Delete	TITLE 300042692933	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAHMING-JOHNSON, PEGGY		NAME 11/12/04--01045--024 **150.00	
STREET ADDRESS 315 NW PEMBROKE RD		STREET ADDRESS 315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP HALLANDALE, FLORIDA 33009	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, VIRGINIA		NAME WANDA - WRIGHT	
STREET ADDRESS 315 N.W. PEMBROKE ROAD		STREET ADDRESS 315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP HALLANDALE, FLORIDA 33009	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEVENS, LAVETTE		NAME ALMA McCUTCHEN	
STREET ADDRESS 315 N.W. PEMBROKE ROAD		STREET ADDRESS 315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP HALLANDALE, FL		CITY-ST-ZIP HALLANDALE, FLA. 33009	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCUTCHEN, ALMA		NAME KENNEDY STEVENS	
STREET ADDRESS 315 N.W. PEMBROKE ROAD		STREET ADDRESS 315 N. W. PEMBROKE ROAD	
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP HALLANDALE, FLA. 33009	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lavette Stevens* **11/8/04**
Signature and typed or printed name of signing officer or director Date Daytime Phone