## 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 600429** 

Title:

Name:

Address:

City-St-Zip:

FILED Jul 11, 2006 Secretary of State

		ENS FUNERAL HOME P A		
Current Principal Place of Business:			New Principal Place of Business:	
	MBROKE RD. LE, FL 33009			
Current Mailing Address:			New Mailing Address:	
	MBROKE RD. ALE, FL 33009			
FEI Number:	59-1272897	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	f New Registered Agent:
315 NW PE	KENNEDY A MBROKE RD. LE, FL 33009	US		
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
CICNIATUD				
SIGNATUR	E: KENNEDY	A. STEVENS		
SIGNATUR		<sup>r</sup> A. STEVENS c Signature of Registered Age	ent	Date
	Electronic		ent	Date
Election Cam	Electronic	c Signature of Registered Age Trust Fund Contribution ( ).		Date ES TO OFFICERS AND DIRECTORS:
Election Cam	Electronic paign Financing	c Signature of Registered Age  Trust Fund Contribution ( ).  ORS:  Delete  TTE  OKE RD	ADDITIONS/CHANGE	
Election Cam OFFICERS Title: Name: Address:	Electronic  paign Financing  AND DIRECT  P () I  STEVENS, LAVE  315 NW PEMBR  HALLANDALE, F	c Signature of Registered Age Trust Fund Contribution ( ).  CORS: Delete TTE OKE RD L 33009 Delete SON, PEGGY OKE RD	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic  Paign Financing  AND DIRECT  P () I  STEVENS, LAVE  315 NW PEMBR  HALLANDALE, F  FD (X) I  RAHMING-JOHN  315 NW PEMBR  HALLANDALE, F	c Signature of Registered Age Trust Fund Contribution ( ).  CORS: Delete TTE OKE RD L 33009  Delete SON, PEGGY OKE RD L 33009  Delete AROKE ROAD	ADDITIONS/CHANGE  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WANDA WRIGHT ٧ 07/11/2006

( ) Delete

315 N.W. PEMBROKE ROAD

HALLANDALE, FL 33009

STEVENS, KENNEDY

() Change () Addition