

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601932

1. Corporation Name

STOWERS FUNERAL HOME, INC.

Principal Place of Business

415 SOUTH FIRST
SUITE 210
LUFKIN TX 75902-0100

Mailing Address

P. O. DRAWER 100
LUFKIN TX 75902-0100

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1970

5. FEI Number

59-1289626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	STOWERS, RICHARD A	401 W. BRANDON BLVD	BRANDON FL
S	STOWERS, RAYMETTA	401 W BRANDON BLVD	BRANDON FL
	SEE ATTACHED LIST		

100002385401--0
-12/30/97--01024--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 11-25-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Bo Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/97
Date

407-631-5734
Daytime Phone #

CP2EQ40 (8/97)

FLORIDA ANNUAL TAX RETURN

Taxpayer FEIN 59-1289626

Schedule A Officers

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	James P. Hunter, III	2008 Champions Dr.	Lufkin	TX	75901
Senior Vice President	Jack D. Rottman	5 St. Andrews	Lufkin	TX	75901
Senior Vice President & Asst. Secretary	W. Cardon Gerner	205 Sonterra	Lufkin	TX	75901
Vice President, Secretary & Treasurer	Susanne C. Parker	303 Spyglass Dr.	Lufkin	TX	75901
Senior Vice President	Billy C. Wells	#13 Windsor Ct.	Lufkin	TX	75901
Vice President	Carleton R. Burch	105 Oak Valley	Lufkin	TX	75904
Vice President	Taylor Greene	205 Spyglass Dr.	Lufkin	TX	75901
Vice President	Fran Hopper	Rt. 1, Box 365	Diboll	TX	75941
Vice President	Brent Pace	607 Augusta Drive	Lufkin	TX	75901