FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603750

REINSTATEMENT 03-04

1. Corporation Name
Anderson Funeral Home, Inc.

2. Principal Office Address	3. Mailing Office Address
3654 Palm Beach Blvd.	3654 Palm Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, Florida	City & State: Fort Myers, Florida
Zip: 33916 Country: US	Zip: 33916 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/06/1972

5. FEI Number: 59-1420014 ☐ 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: Ronald Anderson

Street Address (P.O. Box Number is Not Acceptable): 3654 Palm Beach Blvd.

Suite, Apt. #, Etc.

City: Fort Myers State: FL Zip Code: 33916

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: Ronald Anderson Date: 9-14-04
REGISTERED AGENT MUST SIGN

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
PSD	Ronald Anderson	3654 Palm Beach Blvd.	Fort Myers, FL 33916
VTD	Linda S. Anderson	3654 Palm Beach Blvd.	Fort Myers, FL 33916

10. I certify that I am an officer or director of 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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Ronald Anderson 9-14-04 239-694-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (239)593-2900
Fax Number : (239)593-2990

CORPORATION REINSTATEMENT

ANDERSON FUNERAL HOME, INC.

Certificate of Status	1
Certified Copy	0
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