

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 658622

1. Corporation Name  
PEEL FUNERAL HOME CORPORATION

2. Principal Office Address

301 E EVANS AVE

Suite, Apt. #, etc.

City & State

BONIFAY FL

Zip

32425

Country

HOLMES

3. Mailing Office Address

P.O. Box 665

Suite, Apt. #, etc.

City & State

Bonifay FL

Zip

32425

Country

Holmes

**REINSTATEMENT 89-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/11/1980

5. FEI Number

59-1946846

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

HERBERT I. PEEL, JR

000054354330

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

301 E EVANS AVE

05/13/05--01010--007 \*\*288.75

Suite, Apt. #, Etc.

City

BONIFAY, FL 32425

State

FL

Zip Code

32425

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

Date

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
PD	HERBERT I. PEEL JR	301 E EVANS AVE	BONIFAY, FL 32425

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert I. Peel, Jr.

4/26/2005 850-547-4144

Date

Daytime Phone #

CR2E081 (01/05)

5/9/05