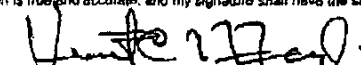


H 05000289912-3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 691311			
1. Corporation Name CLARY-GODWIN FUNERAL HOME, INC.			
2. Principal Office Address 350 Camino Gardens Blvd.		3. Mailing Office Address 350 Camino Gardens Blvd.	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432	Country USA	Zip 33432	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 07/01/1981 5. FEI Number 592106185 Applied For ☐ Not Applicable ☒ 6. CERTIFICATE OF STATUS DESIRED ☐ \$575 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Vincent C. Manopoli			
Street Address (P.O. Box Number is Not Acceptable) 350 Camino Gardens Blvd.			
Suite, Apt. #, Etc. Suite 102			
City Boca Raton		State FL	Zip Code 33432
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 12/19/05	
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
P	Vincent C. Manopoli	350 Camino Gardens Blvd. Suite 102	Boca Raton, FL 33432
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 807.0401 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)(b), 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: 		12/19/05 (561) 393-8115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

H 05000289912-3

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000289912 3)))

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

**FILE FIRST (before H05000289922 3)*

CORPORATION REINSTATEMENT

CLARY-GODWIN FUNERAL HOME, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00