H05000289912-3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691311

1. Corporation Name
CLARY-GODWIN FUNERAL HOME, INC.

REINSTATEMENT
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
350 Camino Gardens Blvd.	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 ☐ $8.75 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: [signature] REGISTERED AGENT MUST SIGN Date: 12/19/05

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.	Boca Raton, FL 33432
		Suite 102	

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] 12/14/05 (561) 393-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04-05 12/21

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CLARY-GODWIN FUNERAL HOME, INC.

Certificate of Status	0
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