

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 14 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701978

1. Corporation Name

EDGEWATER CEMETERY ASSOCIATION, INC.

Principal Place of Business

700 S. RIDGEWOOD AVE.
EDGEWATER FL 32132
US

Mailing Address

P.O. BOX 987
EDGEWATER FL 32132
US

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

01/30/1961

5. FEI Number

59-0920225

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PLETERSKI, HELEN	3782 STRAWBERRY LANE	NEW SMYRNA BEACH FL
TD	WILKENS, GEORGE B	908 S RIVERSIDE DR	EDGEWATER FL
VPD	MC GEE, WILLIAM K	250 E HALIFAX AVE	OAK HILL FL 32754
ST	BOLES, GARY L.	233 S. SAMSULA DR.	NEW SMYRNA BEACH FL
			600008329356--7 -10/11/02--01030--002 *****386.25 *****386.25

8. Name and Address of Current Registered Agent

BOLES, GARY L.
233 S. SAMSULA DR.
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

GARY L. BOLES
REGISTERED AGENT MUST SIGN

Date

10/08/02

11. 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:

GARY L. BOLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/02
Date

386-566-0094
Daytime Phone #

CR20040 (8/01)