

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 23 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703783

1. Corporation Name

Sumterville Cemetery Association INC

2. Principal Office Address - No P.O. Box #

501 CR 527 S

Suite, Apt. #, etc.

3. Mailing Office Address

501 CR 527 S

Suite, Apt. #, etc.

City & State

Lake Panasoffkee, FL

City & State

Lake Panasoffkee, FL

Zip

33538

Country

US

Zip

33538

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1962

5. FEI Number

59-2869999

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR28081 (11/10)

7. Name and Address of Current Registered Agent

Name

Kenneth R. Woodard

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

501 CR 527 S

Suite, Apt. #, Etc.

City

Lake Panasoffkee

State

FL

Zip Code

33538

REINSTATEMENT

10-11

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

Kenneth R. Woodard

Date **5/19/2011**

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	Kenneth R. Woodard	501 CR 527 S	Lake Panasoffkee, FL 33538
D	Robert Reynolds	2743 CR 520	Sumterville, FL 33585
D	Linda C. Marsh	537 CR 527 E	Lake Panasoffkee, FL 33538
D	Barbara M. Lasley	15 CR 527 N	Lake Panasoffkee, FL 33538

10. E-mail Address: **blasley @ embargmail. com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Kenneth R. Woodard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2011

352-213-2742

Date

Daytime Phone #