

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 14 AM 8:52

DOCUMENT # 704967

1. Corporation Name

PORT ORANGE CEMETERY ASSOCIATION, INC

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

399 SOUTH ORANGE ST

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32127

Country

FLORIDA

3. Mailing Office Address

PO BOX 291675

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32129-1675

Country

FLORIDA

300159738263

08/19/09--01022--008 **551.25

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/62

5. FEI Number

59-2262065

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

ELLA L. WARREN

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

308 OAK STREET

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ella L. Warren

REGISTERED AGENT MUST SIGN

Date 8/12/09

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
D	RUTH N. HAMAKER	308 FOX PLACE	PORT ORANGE, FL 32127
D	PAT FERRO	809 CAREY DRIVE	SOUTH DAYTONA, FL 32119
D	BETSY PATTON	70 JENNIFER CIRCLE	POINCIAN, FL 32127
T/D	JANICE HUTCHESON	320 JANE ANN STREET	PORT ORANGE, FL 32127
S	ELLA L. WARREN	308 OAK STREET	PORT ORANGE, FL 32127

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 contained in Chapter 119, 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:

Ella L. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/09 356 843-3471

Date

Daytime Phone #