

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 18 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713558

1. Corporation Name

Christmas Cemetery Association,
Inc.

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

23664 Christmas Cemetery Road

3. Mailing Office Address

PO Box 76

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Christmas Florida

City & State

Christmas Florida

Zip

32709

Country

Orange

Zip

32709

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1967

5. FEI Number

59-6151076

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

Roberta Tate

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

23780 Christmas Cemetery

Suite, Apt. #, Etc.

City

Christmas

State

FL

Zip Code

32709

☐ 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

Roberta Tate

Date 8-8-07

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
VPresident	Sammy Clark	1033 N Fort Christmas Road	Christmas, FI 32709
Treasurer	Roberta Tate	23780 Christmas Cemetery Road	Christmas, FI 32709
AssTreasurer	Joy Harrison	734 N Sparkman Ave	Orange City, FI 32763
Secetary	Melissa Yates	25451 Luke Street	Christmas FI 32709

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:

Roberta Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-07 407-509-8263

Date

Daytime Phone #