

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 OCT 11 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/10/02--01057--001

\*\*\*\*253.75 \*\*\*\*253.75

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 734208			
<b>1. Corporation Name</b> PRAIRIE MAUSOLEUM & CEMETERY CORPORATION, INC			
<b>2. Principal Office Address</b> 1050 Singer Drive		<b>3. Mailing Office Address</b> 1050 singer drive	
<b>Suite, Apt. #, etc.</b> none		<b>Suite, Apt. #, etc.</b> none	
<b>City &amp; State</b> Riviera Beach, Fl		<b>City &amp; State</b> Riviera Beach, Fl	
<b>Zip</b> 33404	<b>Country</b> USA	<b>Zip</b> 33404	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10-30-1975	
<b>5. FEI Number</b> 510198486	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> Elaine J Hill		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1050 Singer Drive		
<b>Suite, Apt. #, Etc.</b> none		
<b>City</b> Riviera Beach	<b>State</b> FL	<b>Zip Code</b> 33404

**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 Elaine J Hill Date 10-7-02

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
SPD	Elaine J Hill	1050 Singer Dr	Riviera Beach Fl 33404
D	Lucius G Hill	1050 Singer Dr	Riviera Beach Fl 33404
D	Elizabeth Frum	1050 Singer Dr	Riviera Beach Fl 33404

**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:** Elaine J Hill Elaine J Hill 10-7-02 561-842-1680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (9/01)

2/10/11/02

**PRAIRIE MAUSOLEUM & CEMETERY CORPORATION, INC.**

**1050 Singer Dr  
Riviera Beach, Fl 33404  
(561) 842-1680 Fax (561) 863-9789  
Elaine@luhill.com**

October 7, 2002

Department of State  
Division of Corporations  
P.O. box 6327  
Tallahassee, Fl 32314

Re: Reinstatement of Prairie Mausoleum & Cemetery Corporation, Inc.

To Whom It May Concern:

Enclosed is the completed reinstatement form, a check for \$245-fee for reinstatement of the non-profit corporation and the death certificate of Marian Archer.

The corporation was ADMIN DISSOLUTION FOR ANNUAL REPORT on 9/24/99. Please waive any late fees because according to the state's records the notice was never received. The Registered Agent had moved and the mail had not been forwarded. Marian Archer, the Registered Agent for the corporation, died April 3, 2002.

If you have any questions, please call or write me at the above address.

Sincerely,

*Elaine J Hill*  
Elaine J. Hill  
Registered Agent

*plus \$9.75 for  
Cert of Status*