

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 5:10

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **754253**

1. Corporation Name

The Tompkins Family Cemetery Incorporated

2. Principal Office Address

6125 NW 41ST DRIVE

Suite, Apt. #, etc.

90 Mary Murphy

City & State

Gainesville, FLA

Zip

32653 USA

3. Mailing Office Address

6125 NW 41ST DRIVE

Suite, Apt. #, etc.

90 Mary Murphy

City & State

Gainesville, FLA

Zip

32653 USA

REINSTATEMENT 96-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1980 SP

5. FEI Number

650051742

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

Ralph J. Tompkins

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

2107 W. NORFOLK

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33604-5348

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

Ralph J. Tompkins

Date

4/22/2001

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/D	MARY J. MURPHY	6125 NW 41 ST DRIVE	Gainesville, FLA 32653
V/D	Waldo Tompkins	9943 Oaks Street	Tampa, FLA 33603
S/T/D	Rollin Peek	1375 War Eagle Blvd.	Titusville, FLA 32796
D	Ralph J. Tompkins	2107 W. NORFOLK ST.	Tampa, FLA 33604

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:

Mary J. Murphy (MARY J. MURPHY)

4/22/2001

352-332-8092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)