

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  
13 AUG 13 AM 9:57**

**DOCUMENT #** 757379

1. Corporation Name

**Limona Cemetery Association, Inc.**

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

**408 Limona Rd.**

Suite, Apt. #, etc.

City & State

**Brandon, FL**

Zip

**33510**

Country

**USA**

3. Mailing Office Address

**408 Limona Rd.**

Suite, Apt. #, etc.

City & State

**Brandon, FL**

Zip

**33510**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

**April 2, 1981**

5. FEI Number

**59-6565640**

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

**Frank Goldston**

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

**1303 Ivywood Dr.**

Suite, Apt. #, Etc.

City

**Brandon**

State

**FL**

Zip Code

**33510**

**100250595191  
08/09/13--01031--004 \*\*2012.50**

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

*Frank Goldston*

REGISTERED AGENT MUST SIGN

Date

**8/5/13**

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
PD	Frank Goldston	1303 Ivywood Dr.	Brandon, FL 33510
D	Loretta Nowlen	1203 Lakewood Dr.	Brandon, FL 33510
D	Ron Coopridner	403 Clemons Rd.	Brandon, FL 33510
D	Shirley Goldston	1303 Ivywood Dr.	Brandon, FL 33510
			<b>S. HAWKES</b>
			<b>AUG 14 2013</b>
			<b>EXAMINER</b>

**REINSTATEMENT**  
**1984 2013**

10. E-mail Address: fsgoldston@hotmail.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 by a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Frank Goldston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/5/13**

Date

**813 661-6262**

Daytime Phone #