

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of State
DIVISION OF CORPORATIONS

A 25114

FILED

02 APR 16 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25114

1. Name of Limited Partnership
Sharon Gardens Limited Partnership

4/12/96

000005293620--0
-04/18/02--01068--002
****395.25 ****395.25

2. Principal Office Address 1929 Allen Parkway Suite, Apt. #, etc. City & State Houston, Texas Zip 77019		3. Mailing Office Address P. O. Box 130548 Suite, Apt. #, etc. City & State Houston, Texas Zip 77219-0548	
Country USA		Country USA	

4. Date Formed or Registered To Do Business in Florida August 31, 1987	
5. FEI Number 58-1750828	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

7a. Capital Contributions as shown on Record: 1,800,000
7b. Amount of Capital Contributions in FLORIDA to date: 1,800,000

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Brian Courtney **Asst. V. Pres.** DATE 4-11-02

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
SCI Funeral Services of Florida, Inc. Adm - 3,500.00 AR - 3062.50 ARVPP - 621.25 3183.75	1929 Allen Parkway	Houston, Texas 77019	207982 300005293623-- -04/18/02--01068--003 BK ***2500.00 ***2500.00 300005293623--1 -04/18/02--01068--004 ***4288.50 ***4288.50

REINSTATEMENT 1996-2002

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Curtis G. Briggs DATE April 9, 2002
Typed or Printed Name of General Partner Signing Form Curtis G. Briggs, Vice President Telephone Number (713) 525-9753

CR2E039 (9/01)