

1026.25

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A25114
1. Entity Name
SHARON GARDENS LIMITED PARTNERSHIP

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 27 AM 9:44

Principal Place of Business
**1929 ALLEN PARKWAY
HOUSTON, TX 77019**

Mailing Address
**P.O. BOX 130548
HOUSTON, TX 77219-0548**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10052005 REIN-LP CR2E100 (6/04)

4. FEI Number
58-1750828

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,800,000	MAX Fee \$526.25
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	207982
NAME	SCI FUNERAL SERVICES OF FLORIDA, INC.
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON, TX 77019
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	600064020976
CITY - ST - ZIP	01/19/06--01010--004 **526.25
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: HARRIS E LORING III 12/21/05 713-522-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #