

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 29 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F13933

1. Corporation Name

HERBERT THOMPSON FUNERAL HOME, INC

2. Principal Office Address

901 DR.M.M.BETHUNE BLVD.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

VOLUSIA

3. Mailing Office Address

901 DR.M.M.BETHUNE BLVD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

VOLUSIA

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/07/81

5. FEI Number

592051077

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

HERBERT W. THOMPSON

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

901 DR.MARY McLEOD BETHUNE BLVD.

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32114

900054346359

05/12/05--01081--019 **908.00

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

Herbert W. Thompson

REGISTERED AGENT MUST SIGN

Date

4/25/05

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 | HERBERT W. THOMPSON | 901 DR.M.M.BETHUNE BLVD | DAYTONA BEACH FL 32114 |
| VP/T | LYNN W. THOMPSON | 901 DR.M.M.BETHUNE BLVD | DAYTONA BEACH FL 32114 |
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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:

Herbert W. Thompson HERBERT W. THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/05 (386)2531651

Daytime Phone #

3/15/05: JHB:RRH:JW

CR2E081 (01/05)