

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 8:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # F13933

1. Corporation Name

Herbert Thompson Funeral Home, Inc.

REINSTATEMENT 07-10

300180986963
05/17/10--01056--028 **450.00

CR2E081 (4/10)

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

901 Dr. Mary McLeod Bethune, Blvd (same as principal)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

Zip

32114

Country

Volusia

City & State

(same as principal)

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1981

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

Dr. Herbert W. Thompson

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

901 Dr. M.M. Bethune Boulevard

Suite, Apt. #, Etc.

City

DAYTONA BEACH, FLORIDA

State

FL

Zip Code

32114

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Lynn W. Thompson / Herbert W. Thompson

Date 4/22/2010

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
Pres.	Dr. Herbert W. Thompson	240 N. Adams Street	DAYTONA BEACH, FLA 32114
VP	Mr. Lynn W. Thompson	18 Fernmeadow Lane	Ormond Beach, FLA 32174
			300180986963 06/07/10--01056--008 **158.75

10. E-mail Address: HTFH07@yahoo.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., 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.

SIGNATURE:

Lynn W. Thompson

LYNN W. THOMPSON

4/23/2010

386 253-1651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #