

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F18749**

**1. Corporation Name**

RESTLAWN MEMORIAL CEMETERY, INC.

**2. Principal Office Address**

2600 Ribault Scenic Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32208

Country

USA

**3. Mailing Office Address**

P.O. Box 9306

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32208

Country

USA

**FILED**

04 JAN 12 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/05/04--01031--027 \*\*\*1358.75

**REINSTATEMENT**

02-04

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

02/09/1981

**5. FEI Number**

22-2343914

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

Walter Davis

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

2137 Ribault Scenic Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32208

**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

*Walter Davis*

REGISTERED AGENT MUST SIGN

Date

Jan 9, 2004

**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
President	Lisa Brassfield	4950 Yellow Water Road	Jacksonville, FL 32234

**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:**

*Lisa Brassfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/04

904-764-7535

Daytime Phone #

CR2E081 (10/02)