

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F18749

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** RESTLAWN MEMORIAL CEMETERY, INC.

**Current Principal Place of Business:**

2600 RIBAUT SCENIC DRIVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9306  
JACKSONVILLE, FL 32208

**New Mailing Address:**

16047 COLLINS AVE  
#2601  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 22-2343914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRASSFIELD, LISA J  
355 - 3RD STREET WEST  
BALDWIN, FL 32234 US

**Name and Address of New Registered Agent:**

VINCENT E. SCHINDELER, P.A.  
633 SE 3RD AVE  
SUITE 4R  
FORT LAUDERDALE, FL 33301 US

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.

**SIGNATURE:** VINCENT E. SCHINDELER

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BRASSFIELD, LISA  
**Address:** 4950 YELLOW WATER ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LISA BRASSFIELD

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date