


2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F56570		
1. Entity Name STRONG & JONES FUNERAL HOME, INC.		

Principal Place of Business 551 WEST CAROLINA STREET TALLAHASSEE, FL 32301	Mailing Address 551 WEST CAROLINA STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
FLOWERS, FRED H 1500 MAHAN DRIVE STE 230 TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
Name <u>Darrell L. Lawrence</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>551 W. Caroline Street</u>	
City <u>Tallahassee</u>	FL Zip Code <u>32301</u>

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 <u>Darrell L. Lawrence</u>	DATE <u>10/5/11</u>

FILE NOW!!! FEE IS \$750.00 After January 1, 2012, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, DARRELL L 6385 BELGRAND DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRIFFIN, LINN ANN J 527 W TUSKEGEE ST. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAWRENCE, BETTY S 2018 BROAD ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWRENCE, JAMES C 2018 BROAD ST. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>000212961990</u> <u>10/06/11--01001--002</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <u>Darrell L. Lawrence</u>	DATE <u>10/5/11</u>

FILED
11 OCT -5 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052011 REIN-P CR2E098 (1/07)

4. FEI Number 59-2150488	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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