PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06387

1. Corporation Name
Anderson Funeral Home of Lehigh Acres, Inc.

REINSTATEMENT 03-04

TR

2. Principal Office Address	3. Mailing Office Address
2701 Lee Blvd.	2701 Lee Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, Florida	City & State: Lehigh Acres, Florida
Zip: 33971 Country: US	Zip: 33971 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/1982

5. FEI Number: 59-2295945 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronald Anderson

Street Address (P.O. Box Number is Not Acceptable): 2701 Lee Blvd.

Suite, Apt. #, Etc.

City: Lehigh Acres | State: FL | Zip Code: 33971

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: Ronald Anderson Date: 9-14-04

REGISTERED AGENT MUST SIGN

CR2E 901 (01/04)

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
PTSD	Ronald Anderson	2701 Lee Blvd.	Lehigh Acres, FL 33971
VD	Linda S. Anderson	2701 Lee Blvd.	Lehigh Acres, FL 33971

10. I certify that I am an officer or director of the reclaver 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., and 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: Ronald Anderson 9-14-04 239-694-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (239)593-2900
Fax Number : (239)593-2990

CORPORATION REINSTATEMENT

ANDERSON FUNERAL HOME OF LEHIGH ACRES, INC.

Certificate of Status	1
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