PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI				DEPAR Secretar ISION OF C	y of S				10 MAR 31 SECRETARY METAHASSE	AM 7: 1		
DOCUMENT # G48638 1. Corporation Name									-	ENLY AHASSE	E, FLON	JA	
Fraser Funeral Home, Inc.									400172792054 03/22/10-01051-023 - 165				
2. Principa	Office Address mino Gardens Blvd												
350 Camino Gardens Blvd 350 C Suite, Apt. #, etc. Suite, Apt										CR2E081	1 (11/09)		
Suite 102 Suite 10								ľ		orated or Qualified			
City & State Crty & State								-L	To Do Busi	ness in Florida	7/14/198	3	
Boca Raton, FL Boca I					Raton, FL				5. FEI Number Applied For 59-2304730 Not Applicable				
Zip	Zip		· · · · · · · · · · · · · · · · · ·	Zip		Country		⊢					
33432	32 USA		33432		USA	١		CERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status		
7. Name and Address of Current Registered Agent Name Michael D. Karsch, Esq. Street Address (P.O. Box Number is Not Acceptable) 350 Camino Gardens Blvd Suite, Apt. #, Etc. Suite 102									☐ The 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.				
City Boca Raton						State Zip Code FL 33432							
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl Signature of Registered Agent REGISTERED AGENT MUST SIGN										Date 3 26 10			
9. Names	and Street Ad	dresses	of Each Officer and	d/or Director (Flo	orida nonpro	fit corpo	orations must list at	t leas	t 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					c	ity / State / Zip		
PD	Vincent C. Manopoli				350 Camino Gardens Blvo				ns Blvd	Boca Ra	ton, Fl	33432	
.CD	Peter H. Collins				350 Camino Gardens Blvd				ns Blvd	Boca Rate	on, FL 3	3432	
VDS	Michae	Masanot	350 Camino Gardens Blvd				ns Blvd	Boca Ra	ton, FL	33432			
VD	Josep	. Veccia	350 Camino Gardens Blv				s Blvd	Boca Ra	ton, FL	. 33432			
REINSTATEMENT FIN													
10. E-mail Address: elh@rdjgroup.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: Vincent C. Manopoli 3/29/10 (561) 347-6565													

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date