

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G57171

1. Corporation Name

JAMES N. DAVIS FUNERAL HOME, INC.

2. Principal Office Address

5879 Moncrief Road

3. Mailing Office Address

P.O. Box 66048

Suite, Apt. #, etc.

Jacksonville, FL

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32209 USA

City & State

32208 USA

Zip

Country

Zip

Country

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

08/29/1983

5. FEI Number

59-2564383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **9.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Buggs, Harrel T., Atty.

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

4730 Norwood Ave.

Suite, Apt. #, Etc.

City

Jacksonville, Florida 32206

State

FL

Zip Code

600040542706
08/27/04--01003--011 **10.00

1050.00

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

Harrel T. Buggs

Date

August 13, 2004

REGISTERED AGENT MUST SIGN

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
PSTD	Davis, June Buggs	10940 Copper Hill Dr.	Jacksonville, FL 32218

600040542706
08/27/04 01003--012 **8.75

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:

Harrel T. Buggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 13, 2004 (904) 768-5302

Date

Daytime Phone #

CR2E081 (01/04)