

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 4: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **966540**

**1. Corporation Name**

POITIER FUNERAL HOME, INC.

**2. Principal Office Address**

2321 NW 62ND STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

US

**3. Mailing Office Address**

2321 NW 62ND STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

US

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

10/26/1983

**5. FEI Number**

59-2571152

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

**7. Name and Address of Current Registered Agent**

Name

BERNARD POITIER

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

2321 NW 62ND STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

**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

*Bernard Carlton Poitier*

REGISTERED AGENT MUST SIGN

Date

4/21/2005

**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
PVST	BERNARD C. POITIER, SR.	2321 NW 62ND STREET	MIAMI, FL 33147

**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:

*Bernard Carlton Poitier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 21, 2005 305-6383030

Daytime Phone #