

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G80309**

1. Corporation Name

**LAKE FOREST CREMATORY, INC.**

Principal Place of Business

Mailing Address

C/O JAMES FOUNTAIN  
507 U.S. 27 NORTH  
AVON PARK FL 33825-2946

C/O JAMES FOUNTAIN  
507 U.S. 27 NORTH  
AVON PARK FL 33825-2946

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1984

5. FEI Number

59-2517708

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FOUNTAIN, JAMES	507 U.S. 27, NORTH	AVON PARK FL
STD	FOUNTAIN, CYNTHIA	507 U.S. 27, NORTH	AVON PARK FL

200002045522--4  
-01/03/97--01143--016  
\*\*\*\*375.00 \*\*\*\*375.00

DB 12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOUNTAIN, JAMES  
507 U.S. 27, NORTH  
AVON PARK FL 33825

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James Fountain*  
REGISTERED AGENT MUST SIGN

Date 12-27-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*James Fountain*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-96 (941) 453-354  
Date Duration Phone #