

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations

FILED

JUN -2 AM 9:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 82843

1. Corporation Name

DAVIS-BRICE FUNERAL HOME, INC.

Principal Place of Business

608 S.W. 12th Avenue
Dania, Florida 33004

Mailing Address

608 S.W. 12th Avenue
Dania, Florida 33004

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2393693

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	DAVIS, HAROLD A.	2213 Sheridan Street	Hollywood, Florida 33020
DST VP	BRICE, LORENZO R.	2211 Green Street	Hollywood, Florida 33020

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-06/11/99--01062--005
***2237.50 ***2237.50

8. Name and Address of Current Registered Agent

DAVIS, HAROLD A.
608 S.W. 12th Avenue
Dania, Florida 33004

9. Name and Address of New Registered Agent

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

Harold A. Davis
HAROLD A. DAVIS REGISTERED AGENT MUST SIGN

Date 5-26-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 taxes 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:

Harold A. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD A. DAVIS

5-26-99
Date

954-921-5150
Daytime Phone #