

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -9 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H16223**

1. Corporation Name

ALPHA & OMEGA CREMATION SOCIETY, INC.

600038020676
06/16/04--01057--008 **758.75

2. Principal Office Address

425-A West Davis Blvd.

Suite, Apt. #, etc.

City & State

Dania FL

Zip

33004

Country

USA

3. Mailing Office Address

3833 Darston St.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34685

Country

USA

REINSTATEMENT 03 04

4. Date Incorporated or Qualified
To Do Business in Florida

8-8-1984

5. FEI Number

59-2436709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nixon, Marilyn A

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

3829 Darston St.

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

Marilyn A. Nixon
REGISTERED AGENT MUST SIGN

Date

6/3/04

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
P/D	Nixon, Marilyn A	3829 Darston St.	Palm Harbor, FL 34685
✓	Nixon, Terrold R.	500 NE 2nd Apt. 419	Dania, FL 33004
S/T/D	Inman, Robert J.	4428 Worthington Circle	Palm Harbor, FL 34685

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:

Marilyn A. Nixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/04
Date

216-377-2396
Daytime Phone #

CR2E081 (01/04)