

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Kathleen Harrell
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 28 AM 10:24

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35658

1. Corporation Name

McCullough Funeral Homes, Inc.

Principal Place of Business

Mailing Address

2966 Belcher Road North
Dunedin, FL 34698

1425 Bellevue Ave
Daytona Beach, FL 32114

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

Helena... 96-990

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2476353

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
P	Willard I. Timmer	1425 Bellevue Avenue	Daytona, FL 32114
V	Marilyn Timmer	1425 Bellevue Avenue	Daytona, FL 32114

500002898125--1
-06/08/99--01048--011
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Timmer, Marilyn
1425 Bellevue Avenue
Daytona Beach, FL 32114

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

Marilyn Timmer
REGISTERED AGENT MUST SIGN

Date

5.13.99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard I. Timmer

5.12.99
Date

904-253-2534
Daytime Phone #

CP2E08T (12/98)