

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 18 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

700134553277
08/18/08--01054--007 **1508.75

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H39015

1. Corporation Name

Memorial Park of Boca Raton, Inc.

2. Principal Office Address - No P.O. Box #

1471 SW 26th Avenue

Suite, Apt. #, etc.

7A

City & State

Boynton Beach, FL

Zip

33426

Country

US

3. Mailing Office Address

2925 PGA Boulevard

Suite, Apt. #, etc.

200

City & State

Palm Beach Gardens, FL

Zip

33410

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1985

5. FEI Number
592504747

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Edward M. Ricci, Esq. - RICCI-LEOPOLD

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

2925 PGA Boulevard

Suite, Apt. #, Etc.

200

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

[Signature]

Date July 30, 2008

REGISTERED AGENT MUST SIGN

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
DV	Kathleen I. Michael	1471 SW 26th Avenue, #7A	Boynton Beach, FL 33426
DPST	Theodore J. Michael, Jr.	5830 Snowshoe Circle	Bloomfield Hills, MI 48301
DV	Sandra Strong	1717 North Federal Way	Delray Beach, FL 33403

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 contained in Chapter 119, 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:

Theodore J. Michael, Jr.

07/30/08

248-723-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #