

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2000 UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J25416

1. Corporation Name

COMPANION'S MEMORIAL PARK, INC.

Principal Place of Business

Mailing Address

7777 BAYSHORE ROAD PAL FL
PALMETTO FL 34221

7777 BAYSHORE ROAD PAL FL
PALMETTO FL 34221

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

07/23/1986

5. FEI Number

59-2702546

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WOODSON, WILLIAM D.	8020 BAYSHORE RD.	PALMETTO FL 34221
D	WOODSON, DONNA E.	8020 BAYSHORE RD.	PALMETTO FL 34221

800003457378--4
-11/08/00--01062--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOODSON, WILLIAM D.
7777 BAYSHORE ROAD
PALMETTO FL 34221

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

William D. Woodson
REGISTERED AGENT MUST SIGN

Date

Oct 16, 2000

11. 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:

William D. Woodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William D. Woodson

Date

16 Oct 2000 941-722-5607

Daytime Phone #



Companion's Memorial Park, Inc.

Pet Cemetery

7777 Bayshore Road
Palmetto, Florida 34221
(813) 722-5507

9:00-4:00
MON. - FRI.
24-Hour Answering Service

October 16, 2000

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN:

As per instructions by phone this date, I respectfully submit the following:


For the past 14 years, we have received from your office a Corporate Annual Report Form (J25416) which we completed and returned to you with the required check. For the year 2000, we received NO annual report form NOR did we receive a Second Notice. On the 14th of October, 2000, we received Document No. J25416 which is the only correspondence THAT WE HAVE RECEIVED from your office for the year 2000. Our address has not changed, so we have no explanation for not receiving the subject forms or notifications.

We are enclosing herewith the completed Document J25416, together with our check in the amount of \$150.00 as instructed.

Thank you for reinstating our corporation to Active Status.

Yours very truly,

COMPANION'S MEMORIAL PARK, INC.


W. D. Woodson
President

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