
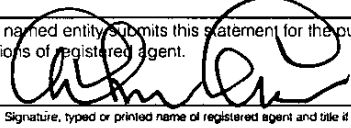
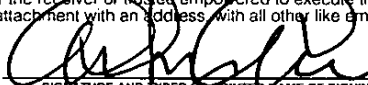


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J40444 1. Entity Name ARCHIE TANNER FUNERAL HOME, INC.						FILED 05 FEB 16 AM 10:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ROUTE 6 BOX 1519 STARKE, FL 32091				Mailing Address ROUTE 6 BOX 1519 STARKE, FL 32091			
2. Principal Place of Business 14397 U.S. HWY. 301 SOUTH Suite, Apt. #, etc.				3. Mailing Address 14397 U.S. HWY. 301 SOUTH Suite, Apt. #, etc.			
City & State STARKE, FLORIDA				City & State STARKE, FLORIDA			
Zip 32091		Country UNITED STATES		Zip 32091		Country UNITED STATES	
6. Name and Address of Current Registered Agent TANNER, ARCHIE M ROUTE 6 BOX 1519 STARKE, FL 32091				7. Name and Address of New Registered Agent Name ARCHIE M. TANNER Street Address (P.O. Box Number is Not Acceptable) 14397 U.S. HWY. 301 SOUTH City STARKE FL Zip Code 32091			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				ARCHIE M. TANNER-REG.AGENT-PD			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
DATE 2-8-05				DATE			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS							
TITLE PD	<input type="checkbox"/> Delete						
NAME TANNER, ARCHIE M	<input type="checkbox"/> Delete						
STREET ADDRESS ROUTE 6 BOX 1519	<input type="checkbox"/> Delete						
CITY-ST-ZIP STARKE, FL 32091	<input type="checkbox"/> Delete						
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME TANNER, ARCHIE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS ROUTE 6 BOX 1519	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
CITY-ST-ZIP STARKE, FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				ARCHIE M. TANNER-PD			
Signature and typed or printed name of signing officer or director				Date			
2-8-05				904-964-5757			
Date				Daytime Phone #			