

# 183372

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAY 11 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K32394

1. Corporation Name

MORING FUNERAL HOME, INC.

P.O. Box 1579

Melrose, FL 32666

W98-10133

Principal Place of Business

Mailing Address

310 S.R. 26

P.O. Box 1579

Melrose, FL 32666

Melrose, FL 32666

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

REINSTATEMENT 89-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08-31-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

5. FEI Number

59-2913901

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)

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/S/T Dir	BADGER D. MORING	2208 N.E. 17th TERRACE P.O. Box 1579	Gainesville, FL 32609 Melrose, FL 32666

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-05/14/98--01123--020  
\*\*\*1833.75 \*\*\*1833.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BADGER D. MORING

P.O. Box 1579

Melrose, FL 32666

2208 NE 17th Terr

Gainesville, FL

32609

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

Badger D. Moring

REGISTERED AGENT MUST SIGN

Date 04-30-98

11. This corporation owes or has paid 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  
BADGER D. MORING, (Pres/Sec/Treas/DirApril 30, 1998 / 352-475-2201  
Date Daytime Phone #

CR2ED40 (1/98)