

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K96553

1. Corporation Name

West Coast Funeral Home Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1800 N.E. 42nd Terrace

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34972

Country

Okeechobee

3. New Mailing Office Address, If Applicable

P.O. Box 922

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34973

Country

Okeechobee

FILED

97 JUL 28 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

90-07

4. Date Incorporated or Qualified
To Do Business in Florida

June 20, 1989

5. FEI Number

59-2955415

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	James E. Boree	1800 N.E. 42nd Terrace	Okeechobee, FL 34972
V	Wayne Holmes	99 11th Street	Apalachicola, FL 32320
ST	Kay Holmes	99 11th Street	Apalachicola, FL 32320

DB
7-23-97

8. Name and Address of Current Registered Agent

James E. Boree
1800 N.E. 42nd Terrace
P.O. Box 922
Okeechobee, Florida 34972

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

252428--6

Suite, Apt. #, Etc.

-07/30/97--01052--014

***1697.50 ***1697.50

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

James E. Boree

REGISTERED AGENT MUST SIGN

Date

7-23-97

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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

Kay Holmes

Date

July 28, 1997 904-653-8870

Daytime Phone #

CR2E040 (12/95)