

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000015776

Name and Mailing Address

2002 DEC 16 AM 9:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0006678 01 FP 0.352 **PRSRT TO O 0615 33873-264504



BRANT FUNERAL SERVICES, L.L.C.
404 WEST PALMETTO STREET
WAUCHULA FL 33873-2645



2. New Mailing Address P.O. Box 1414 City, State, Zip Wauchula, FL 33873		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip Wauchula, FL 33873		5. Date Organized or Qualified To Do Business in Florida 09/14/2001	
6. FEI Number 65-1138244		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BRANT, TROY A 504 EAST ORANGE STREET WAUCHULA FL 33873		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>T. A. Brant</u> Date <u>Dec. 11, 2002</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Troy A. Brant	504 East Orange Street	Wauchula, FL 33873
		000009527620	12/16/02--01083--007 **150.00

REINSTATEMENT 2002 JB

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 12-11-2002 Daytime Phone # 863-773-9451

Typed or printed name of signing Managing Member/Manager