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122

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b>
		<b>Secretary of State</b>
		<b>DIVISION OF CORPORATIONS</b>

FILED

03 NOV -5 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024340  
Name and Mailing Address

0016067 01 MB 0.309 \*\*AUTO T9 0 0615 32463-062121  
CLOUD NINE CASKETS, LLC  
P.O. BOX 621  
WAUSAU FL 32463-0621

200024896212  
11/21/03--01003--005 \*\*50.00



US

2. New Mailing Address <i>Same</i> City, State, Zip		4. State/Country of Formation -FL-	
5. Date Organized or Qualified To Do Business in Florida 09/19/2002		6. FEI Number 51-0435721	
Principal Place of Business 1348 N. RAILROAD AVE, CHIPLEY FL 32428 US		3. New Principal Place of Business Address 1860 Pettis Rd. City, State, Zip Wausau/Chipley, FL 32428	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
8. Name and Address of Current Registered Agent SMITH, CHARLES E 1860 PETTIS RD. CHIPLEY FL 32428		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 <i>Charles E. Smith</i> <b>REGISTERED AGENT MUST SIGN</b> Date <i>20 Oct. 03</i>			
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
MGRM	Charles E. Smith	1860 Pettis Rd	Chipley, FL 32428
MGRM	Mary L. Smith	1860 Pettis Rd	Chipley, FL 32428
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 <i>Charles E. Smith</i>		Date <i>20 Oct 03</i> Daytime Phone # <i>850-773-2670</i>	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

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## Division of Corporations

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*Changed Address  
& Phone  
Paid \$50.00*

*Cloud Nine Caskets, LLC*

*P.O. Box 621*

*Wausau, FL 32463*

*850-773-2670*