PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM APPROVED

FILED

15 OCT 21 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L14000182832

1. Limited Liability Company's Name
Memories Funeral Homes LLC

2. Principal Office Address - No P.O. Box #
7750 NW Miami Place
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33150 Country:

3. Mailing Office Address
7750 NW Miami Place
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33150 Country:

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
None
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name
Floyd Benton
Street Address (P.O. Box Number is Not Acceptable) Suite,
7750 NW Miami Place
Apt. #, Etc.
City: Miami State: FL Zip Code: 33150

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [signature] Date 10-20-15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Floyd Benton	7750 NW Miami Place	Miami, FL 33150
	REINSTATEMENT		
		RLF	

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [signature] Date 10-20-15 Daytime Phone # (954) 842-3643

Typed or printed name of signing authorized representative/member Floyd Benton