

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 22231**

**1. Corporation Name**

**CLASSIC MEMORIALS, INC.**

**2. Principal Office Address**

**1370 CAPITAL CIRCLE NW SAME**

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

**TAL. FL.**

City & State

Zip

**32304**

Country

**US**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**10/11/89**

**5. FEI Number**

**59-2061513**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75** Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**RICHARD LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable)

**418 AUDUBON DR**

Suite, Apt. #, Etc.

City

**TAL.**

State

**FL**

Zip Code

**32312**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Richard Lawrence*

REGISTERED AGENT MUST SIGN

Date **5/16/02**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| OWNER  | RICHARD A. LAWRENCE                  | 418 AUDUBON DR.                                   | TAL FL 32312       |
| OWNER  | EUGENIA B. LAWRENCE                  | " "   | " "                |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**10. 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:

*Richard Lawrence*

**RICHARD LAWRENCE**

**5-16-02 850 5995178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

2082

5/16/02

TO WHOM IT MAY CONCERN:

Re: L 22231

CLASSIC MEMORIALS, INC.

DATE OF INCORPORATION: 10/11/89

I HAVE NOT RECEIVED ANNUAL REPORT FORMS

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for the year 1999.

Richard Lawrence