

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION  
FOR



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

FILED

00 DEC 29 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L88294**

1. Corporation Name

**BAIN'S FUNERAL HOME, INC.**

Principal Place of Business

1400 NW 3 AVE  
FLORIDA CITY FL 33034

Mailing Address

1400 NW 3 AVE  
FLORIDA CITY FL 33034

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1990

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HUNTER, MERCIDES D.	1400 NW 3 AVE	FLORIDA CITY FL
			800003536618--8 -01/15/01--01005--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HUNTER, MERCIDES D.  
1400 NW 3 AVE  
FLORIDA CITY FL 33034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

*[Signature]* **REGISTERED AGENT MUST SIGN**

Date

11. 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]*  
**REGISTERED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00  
Date

Daytime Phone #

CR2E040 (2/00)

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**Bain's Funeral Home, Inc.**  
**1400 N.W. 3rd Avenue**  
**Florida City, Florida 33034**  
**(305) 246-3041**

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To whom it may concern:

I did not receive an uniform business report notice. The only notification I received from your office was that my Corporation was being dissolved. Please accept this check for \$150 as I received no previous correspondence from your office.

Sincerely,

*Mercides D. Hunter*

Mercides D. Hunter