FILED
14 JUL 24 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M08000005347

1. Limited Liability Company's Name
Smart Cremation, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11241 WILLOWS ROAD N.E.,	
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.
City & State: REDMOND, WA	City & State
Zip: 98052 / Country:	Zip: / Country:

4. State/Country of Formation: DE
5. Date Organized or Qualified To Do Business in Florida: 12/09/2008
6. FEI Number: 26-3295804 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

JUL 24 2014
L. SELLERS

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] Jayna Nickell Asst. Secretary Date 7/22/2014
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
President	William M. Hamilton	1900 Saint James Place, Suite 300	Houston, TX 77056
EVP/Sec	Mark Shinder	1900 Saint James Place, Suite 300	Houston, TX 77056
EVP/Sec	Brian Sullivan	1900 Saint James Place, Suite 300	Houston, TX 77056

REINSTATEMENT 2011-2014

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

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 requirements of section 605.0112, 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 to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date 07/18/2014 Daytime Phone # 832-308-2790

Typed or printed name of signing Authorized Representative/Manager: EVP + SEC. MARK SHINDER

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
SMART CREMATION, LLC

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