

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JUN -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 110000000591

1. Corporation Name

Clifford Hill Cemetery, Inc.

2. Principal Office Address - No P.O. Box #

1674 Clifford Hill Rd
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 12793
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32317

Un. Fed States

Zip

Country

32317

Un. Fed States

7. Name and Address of Current Registered Agent

Name

Leanders Harvey

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

2408 Banyan Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

06/07/2013

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	LEANDERS HARVEY	343 NORTH MONROE ST. TALLAHASSEE, FL 32301	
BOARD	WILLIAM BARNES	1459 LONNIE RD. TALLAHASSEE, FL 32302	
BOARD	WILBERT FERRELL	1419 LONNIE RD TALLAHASSEE, FL 32302	
			JUN 07, 2013
			T. SCOTT

10. E-mail Address: harvey2110c@ombaronline.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/07/2013 (250) 621-8787

Date

Daytime Phone #

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

36-434 5456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

300248716493
06/10/13--01003--017 **358.75