


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00000001217

1. Corporation Name

MUTUAL AID FOR BURIAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**2815 UNIVERSITY ACRES DR.
ORLANDO FL 32817**

**P.O. BOX 677606
ORLANDO FL 32867-7580**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 31 PM 4:00

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

5. FEI Number

59-3749221

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	BENJAMIN ANTRON	1505 SOPHIE BLVD	ORLANDO, FL 32828
JD	DORIS E. BOTETANO	2815 UNIVERSITY ACRES DR	ORLANDO, FL 32817
TD	ELSA Y. MEDINA	11030 CREIGHTON DR	ORLANDO FL 32817

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BOTETANO, DORIS E
2815 UNIVERSITY ACRES DR.
ORLANDO FL 32817**

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

Doris E. Botetano

Date 11-06-01

REGISTERED AGENT MUST SIGN

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:

Doris E. Botetano DORIS E. BOTETANO

11-06-01 (407) 207-2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #