


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
AND
FILED

05 JUN 17 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009785
1. Corporation Name
Sunset Memorial Park, Inc.

2. Principal Office Address c/o Bethune Cookman College Suite, Apt. #, etc. 640 Mary McLeod Bethune Blvd. City & State Daytona Beach, FL Zip 32114 Country US		3. Mailing Office Address c/o Bethune Cookman College Suite, Apt. #, etc. 640 Mary McLeod Bethune Blvd. City & State Daytona Beach, FL Zip 32114 Country US	
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REINSTATEMENT 03-05

4. Date incorporated or Qualified to do Business in Florida: 12/20/02

5. FEI Number: 51-0438898
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: Palmetto Charter Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 150 Magnolia Ave.
Suite, Apt. #, Etc.:
City: Daytona Beach
State: FL
Zip Code: 32114

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: John P. Ferguson, VP. Date: 6/16/05
REGISTERED AGENT MUST SIGN

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
D/P	Dr. Trudie Kibbe Reed	640 Mary McLeod Bethune Blvd.	Daytona Beach, FL 32114
D/T	E. Dean Montgomery	640 Mary McLeod Bethune Blvd.	Daytona Beach, FL 32114
D/S	Kirit Kumar B. Patel	640 Mary McLeod Bethune Blvd.	Daytona Beach, FL 32114

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: Trudie Kibbe Reed Dr. Trudie Kibbe Reed, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C122861 (6/1/05)