

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 PM 2:19

DOCUMENT # **N-03285**

1. Corporation Name

SYLVAN LAKE CEMETERY, INC.

2. Principal Office Address

6022 FEATHER LANE

Suite, Apt. #, etc.

City & State

SANFORD FL

Zip

32771

Country

SEMINOLE

3. Mailing Office Address

P.O. BOX 471382

Suite, Apt. #, etc.

City & State

LAKE MONROE, FL

Zip

32747

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

59-2413315

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

KATHRYN DOWNER

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

6022 FEATHER LANE

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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

Kathryn Downer
REGISTERED AGENT MUST SIGN

Date **9-20-06**

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
PD	KATHRYN DOWNER	6022 Feather Lane Sanford FL 32771	Sanford FL 32771
D	CLAUDIA MUSE	226 Maureen Drive	Sanford FL 32771
DS	REBECCA PELHAM	135 S. Center Rd	Sanford FL 32771
D	HAROLD PHILLIPS	379 Lynbrooke Lane	Sanford FL 32771
D	FRIDEBORG PHILLIPS	379 Lynbrooke Lane	Sanford FL 32771

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Downer
KATHRYN DOWNER, PRESIDENT

9-20-06

Date

407-322-6160

Daytime Phone #