

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03285**

1. Corporation Name

SYLVAN LAKE CEMETERY, INC.

Principal Place of Business

P. O. BOX 1133
SANFORD FL 32772

Mailing Address

P. O. BOX 1133
SANFORD FL 32772

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
S	COLVIN, FLORA F	1503 FOREST DR.	SANFORD FL 32771
D	BARNES, NANCY	2405 LAKE AVENUE	SANFORD FL
D	BURKE, RUTH	4851 ORANGE BLVD.	SANFORD FL
D	MARTIN, ROBERT	1113 PARK AVENUE	SANFORD FL 32771
PD	SPARKS, BARBARA	5438 ORANGE BLVD.	SANFORD FL 32771
T	SWAGGERTY, MARTHA K	247 TULLIS AVENUE	LONGWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPARKS, NORMAN L.
5438 ORANGE BLVD.
SANFORD FL 32771

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **2-23-03**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-03 407-323-2635

CR2ED40 (9/02)