

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08000001768

1. Corporation Name

St. Paul Memorial Cemetery, INC.

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

95 NE 132nd Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

US

3. Mailing Office Address

823 NE 25th Terrace

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32641

Country

7. Name and Address of Current Registered Agent

Name

Gaddy, Samuel W.

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

3010 NW 170th Street

Suite, Apt. #, Etc.

City

Newberry,

State

FL

Zip Code

32669

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

REGISTERED AGENT MUST SIGN

Date 03/27/2010

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
P	Bradley, Eugene	552 NW Church Street	Micanopy, FL 32667
V	Gaddy, Samuel	3010 NW 170th Street	Newberry, FL 32669
S	Williams, Barbara	823 NE 25th Terrace	Gainesville, FL 32641
T	Mills, Patricia	4701 NW 37th Way	Gainesville, FL 32605

10. E-mail Address: bjwilliams@gru.net

(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., 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.

SIGNATURE:

Samuel W. Gaddy

03/27/2010 352-474-6145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -8 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FL 32399

REINSTATEMENT 09-10

700175001287

04/08/10--01043--014 **306.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2008

5. FEI Number

26-4104592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

24/12