

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

3. Mailing Office Address

823 NE 25th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

GAINESVILLE, FL

Zip

32641

Country

US

Zip

32641

Country

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 32301

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.

3/4/12