

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 FEB -2 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000016228

1. Corporation Name

MunRee Cemetery

300295082383
02/02/17--01004--019 **481.25

FEB - 2 2017

L BERGER

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
1419 Lonnie Rd
Suite, Apt. #, etc.

3. Mailing Office Address
1419 Lonnie Rd
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32308
Country
LEON

City & State
Tallahassee FL
Zip
32308
Country
LEON

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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
Wilbert Ferrell
Street Address (P.O. Box Number is Not Acceptable)
1419 Lonnie Rd
Suite, Apt. #, Etc.

City
Tallahassee
State
FL
Zip Code
32308

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 2/2/17

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	Wilbert Ferrell	1419 Lonnie Rd	Tallahassee FL 32308
VP	Frank Rush	3503 Forest oak Lane	Tallahassee FL 32308
VP	AL DENNIS	2217 Greenwich Way	Tallahassee FL 32308

REINSTATEMENT

10. E-mail Address: Ferrell 768 @ Hot mail, com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/17
Date

Daytime Phone #