

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAY 31 AM 11:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11000002762

1. Corporation Name
ENTERPRISE EVERGREEN CEMETERY, INC.

2. Principal Office Address - No P.O. Box #
145 S. Hwy. 17-92

Suite, Apt. #, etc.

3. Mailing Office Address
(SAME)

Suite, Apt. #, etc.

City & State
DEBary FL

City & State

Zip
32713

Country

Zip

Country

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-1707634** 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
William Long

Street Address (P.O. Box Number is Not Acceptable)
145 S. Hwy. 17-92

Suite, Apt. #, Etc.

City
DEBary

State
FL

Zip Code
32713

100208279771
05/23/06--60012--002 **\$45.00

09-11

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 *William Long* Date 05-20-11

REGISTERED AGENT MUST SIGN

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/S/T	William Long	145 S. Hwy 17-92	DEBary FL 32713

10. E-mail Address: Longfuneral@aol.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: *William Long* **William Long** 05-20-11 (386) 668-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten initials/signature