

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 18 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 020724

1. Corporation Name

PARRISH CEMETERY ASSOCIATION, INC.

REINSTATEMENT 05-08^{KS}

CR2E081 (12/07)

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

12375 PARRISH CEMETERY RD P.O. Box 307

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 307

Suite, Apt. #, etc.

City & State

PARRISH FLA

City & State

PARRISH FLA

Zip

34219

Country

MANATEE

Zip

34219

Country

MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0036810

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 CLIFFORD BECK

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

13926 GETTIS LEE RD

Suite, Apt. #, Etc.

City PARRISH

State

FL

Zip Code

34219

☒ 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.

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

Clifford E Beck

REGISTERED AGENT MUST SIGN

Date 01/15/08

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
^D PRES	CLIFFORD BECK	13926 GETTIS LEE	PARRISH FLA 34219
^D VICE	KEVIN LINDBLOOM	7005 121 ST AVE EAST	PARRISH FLA 34219
^D SEC	LACEY PRITCHARD	13903 GETTIS LEE	PARRISH FLA 34219

700115515317
01/18/08--01025--007 **245.00

10. 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 contained in Chapter 119, 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: Clifford E Beck CLIFFORD E BECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/08 941-776-1022
Date Daytime Phone #