

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *N26773*

1. Corporation Name

Apopka Memorial Cemetery, Inc.

2. Principal Office Address

5332 Pinto Way

Suite, Apt. #, etc.

3. Mailing Office Address

5332 Pinto Way

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32810

Country

Orange

Zip

32810

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1988

5. FEI Number

59-2948379

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

Ch Anita Small

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

5332 Pinto Way

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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

Anita Small

Date

4/28/02

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
<i>PD</i>	<i>Small, Anita</i>	<i>5332 Pinto Way</i>	<i>Orlando, FL 32810</i>
<i>STD</i>	<i>Bell, Reba A</i>	<i>229 W. 16th St.</i>	<i>Apopka, FL 32703</i>
<i>D</i>	<i>Yarborough, Kevin M</i>	<i>229 W. 16th St.</i>	<i>Apopka, FL 32703</i>

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 under section 119.07(3)(i), 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:

Anita Small Anita Small

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 407297-8869

Date

Daytime Phone #

CR2E081 (9/01)

4/28/02

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME		FIRST MARVIN		MIDDLE T	LAST YARBOUGH		2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) APRIL 12, 2002		4. SOCIAL SECURITY NUMBER 267-46-3984		5a. AGE - Last Birthday (years) 73		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 Day Hours Minutes
6. DATE OF BIRTH (Month, Day, Year) JULY 22, 1928		7. BIRTHPLACE (City and State or Foreign Country) NOTASULGA, ALABAMA						8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)								9b. INSIDE CITY LIMITS? (Yes or No) YES
9c. FACILITY NAME (If not institution, give street and number) FLORIDA HOSPITAL ORLANDO				9d. CITY, TOWN, OR LOCATION OF DEATH ORLANDO			9e. COUNTY OF DEATH ORANGE	
10a. DECEDENT'S USUAL OCCUPATION SUPERVISOR		10b. KIND OF BUSINESS/INDUSTRY CONSTRUCTION		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) WIDOWED		12. SURVIVING SPOUSE (If wife, give maiden name)		
13a. RESIDENCE - STATE FLORIDA		13b. COUNTY ORANGE		13c. CITY, TOWN, OR LOCATION APOPKA		13d. STREET AND NUMBER 229 WEST 16th STREET		
14a. INSIDE CITY LIMITS? (Yes or No) NO		14b. ZIP CODE 32703		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) Specify: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. Specify. BLACK		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12) 6 College (1 - 4 or 5 +)
17. FATHER'S NAME (First, Middle, Last) MARK YARBOUGH				18. MOTHER'S NAME (First, Middle, Maiden Surname) MOLLIE SIMPSON				
19a. INFORMANT'S NAME (Type/Print) MRS. ANITA Y SMALL				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5332 PINTO WAY ORLANDO, FLORIDA 32810				
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL CEMETERY			20c. LOCATION - City or Town, State APOPKA, FLORIDA			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) 1276		21c. NAME AND ADDRESS OF FACILITY/ZANDERS FUNERAL HOME 232 W. MICHAEL GLADDEN BLVD. APOPKA, FLORIDA 32703				
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>				22b. DATE SIGNED (Mo., Day, Yr) 4/15/02		22c. HOUR OF DEATH 9:57 A.M.		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>
23b. DATE SIGNED (Mo., Day, Yr)				23c. HOUR OF DEATH		23d. MEDICAL EXAMINER'S CASE #		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) PATTERSON MOSELEY M.D. 217 HILLCREST STREET ORLANDO, FLORIDA 32801								
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>				25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		25c. DATE REGISTERED APR 17 2002		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.								
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Arteriosclerosis</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>port of coronary bypass surgery</i> DUE TO (OR AS A CONSEQUENCE OF): c. <i>coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF): d.								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) NO				
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 5 MONTHS? Yes No		30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED CORONARY ARTERY DISEASE		30b. DATE OF SURGERY (Mo., Day, Year) 4/10/02				
31. PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined) <i>Natural</i>		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY		32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED
32a. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32i. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

CHIEF DEPUTY REGISTRAR

State Registrar

APR 17 2002

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE FRONT COVER OF THIS DOCUMENT CONTAINS A WATERMARKED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK COVER CONTAINS A WATERMARKED BACKGROUND AND GOLD EMBOSSED SEAL.

DOH FORM 1504A (3/01)

FLORIDA DEPARTMENT OF HEALTH

CERTIFICATION OF VITAL RECORD