PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FIFD FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 02 APR 30 AM 9: 28 REINSTATEMENT Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE FALLAHASSEE, FLORIDA DOCUMENT# N26773 DOPKA Memorial Cemetary, Inc. \*\*\*\*\*70.00 \*\*\*\*\*70.00 3. Mailing Office Address Principal Office Address Suite, Apt. #, etc Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number \$8.75 Additional Fee required for a Certificate of Status <del>4</del>04 7. Name and Address of Current Registered Agent Name Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State Zip Code City CR2E081 (9/01 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of City / State / Zip Titles Officers and/or Directors Officer and/or Director 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: ( SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

N 5/8/02

## CERTIFICATE OF DEATH FLORIDA

CCAL FILE NO.

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