PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMI	2 En 2 14 14 15 1	S	ecretar	TMENT OF STATE y of State orporations		09 FEB 23 AH 8: 40	
DOCU		# N44089					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Mt. 0	Olive C	emetery Asso	ciation, I	nc.				
w09-6909						0271	<mark>)/1.4/3/3-3/3/3-4/3</mark> //3-4/023-3/3/3-4/3/63.75	
2. Principa	al Office Addre	ss - No P.O. Box# `fsteller Drive	3. Mailing Office Address P O Box 2011			RFII	NSTATEMENT 94.	
Suite, Apt. #	‡, etc.		Suite, Apt. #,	etc.		4. Date Incorp	porated or Qualified	
City & State Eustis,			City & State Eustis, FL			5. FEI Numbe 59-30662	Applied Fo	
Zip 32726		Country USA	Zip 32726		Country USA	6. CERTIFICATE	S8.75 Additional Fee reg for a Certificate of Sta	
		7. Name and Address o	f Current Regis	tered Age	nt			
Name Elliott Myers, Jr. Street Address (P.O. Box Number is Not Acceptable) 233 West Stevens Avenue					☐ 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			
Suite, Apt. City Eustis					State Zip Code 32726		ed and requesting the reinstatement waived.	
8. I, being Signature o Registered	of \mathcal{J}	registered agent of the abo	lyes EGGTERED AG	an.	familiar with and accept the o	bligations of section	on 607.0505 or 617.0503, F.S. Date 2-2-09	
9. Names	s and Street Ad		d/or Director (Fic	rida nonpr	ofit corporations must list at le			
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
Р	Elliott My	vers, Jr.		233 W	est Stevens Ave		Eustis, FL 32726	
٧	Eugene '	Weaver		201 W	est Atwater Ave		Eustis, FL 32726	
s	Cheryl M	ryl Myers 233 West Stevens Ave		est Stevens Ave	Eustis, FL 32726			
Т	Vivian C	arla Mitchell		РОВ	ox 176		Eustis, FL 32726	
Т	Judy Carter			814 Liberty Street			Eustis, FL 32726	

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.

2112 Hollywood Ave

SI	GN	JΛ	TI	IP	F٠

Tommy L Hayes

D

Celliot Wi	gen.	In.	
SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING	OF ICER O	R DIRECTOR

Eustis, FL 32726

2-2-09 352-516-1102 Daytime Phone #

94.09

Applied For Not Applicable litional Fee required ertificate of Status