

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

99 JUN 25 PM 2:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006056**

1. Corporation Name

WESTVIEW COMMUNITY CEMETERY OF POMPANO BEACH, INC.

Principal Place of Business

Mailing Address

428 N.W. 6TH AVENUE
 POMPANO BEACH FL 33060

8311 S.W. 20TH STREET
 N. LAUDERDALE FL 33068



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/12/1994

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P * T "	MACKFIELD, ERNEST	8311 S.W. 20TH STREET	N. LAUDERDALE FL 33068
C * T "	MACON, RICHARD	738 N.W. 3RD STREET	POMPANO BEACH FL
T * T "	ISHAM, ALICE	1921 N.W. 7TH TERRACE	POMPANO BEACH FL

100002768581--6
 -02/08/99--01170--021
 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCRAY, JOHNNY L JR.
 400 EAST ATLANTIC BLVD.
 POMPANO BEACH FL 33060

Name: **Beverly Perkins**
 Street Address (P.O. Box Number is Not Acceptable):
1535 N.W. 6th Avenue
 Suite, Apt. #, Etc:

Pompano Beach

State: **FL** Zip Code: **33060**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Beverly Perkins

REGISTERED AGENT MUST SIGN

Date

12-26-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

Yes other state for information on intangible tax.)

12. 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:

Ernest A. Mackfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-98 (954) 221-8035
 Date Daytime Phone #

CR2E040 (9/98)