

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 AM 10:36

DOCUMENT # N97000007060

1. Corporation Name

MASARYKTOWN CEMETERY INC.

500042758685
01/10/06--01018--021 **603.75

REINSTATEMENT 98-05

2. Principal Office Address

17426 Benes Roush Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

17426 Benes Roush Rd.

Suite, Apt. #, etc.

City & State

Masaryktown, FL

Zip

Country

34604

USA

City & State

Masaryktown, FL

Zip

Country

34604

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-18-1997

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

11/24/04 01032 004 970

7. Name and Address of Current Registered Agent

Name

CHRISTINA E. KOVACS

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

17013 BENES ROUSH RD.

Suite, Apt. #, Etc.

City

MASARYKTOWN

State

FL

Zip Code

34604

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

Christina Kovacs

REGISTERED AGENT MUST SIGN

Date 3-4-05

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
CHAIR- MAN	ELL THOMAS	17426 BENES ROUSH RD	MASARYKTOWN, FL 34604
SEC.	CHRISTINA KOVACS	17013 BENES ROUSH RD.	MASARYKTOWN, FL 34604
TREAS.	LOUISE VOSCINAR	380 MOALE RD.	MASARYKTOWN, FL 34604
BOARD MEMBER	SIDNEY ROMINE	385 MONRDE AVE.	MASARYKTOWN, FL 34604

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:

Christina E. Kovacs CHRISTINA E. KOVACS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-4-05

Daytime Phone #

352-799-0097