

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 SEP 17 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000007060

1. Corporation Name

Masaryktown Cemetery, Inc.

2. Principal Office Address - No P.O. Box #

283 Grand Ave.

Suite, Apt. #, etc.

City & State

Masaryktown, Florida

Zip

34604

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

February 6, 1959

5. FEI Number

☒ 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

Larry E. Dodson

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

283 Grand Ave

Suite, Apt. #, Etc.

City

Masaryktown

State

FL

Zip Code

34604

200239688012  
09/17/12--01047--011 \*\*\$03.75

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

Date Sept. 13, 2012

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
PD	Larry E. Dodson	283 Grand Ave.	Masaryktown, Fl. 34604
SD	Christina Kovacs	17013 Benes Rousch Rd.	Masaryktown, Fl. 34604
TD	Sidney Romine	385 Monroe Ave.	Masaryktown, Fl. 34604

10. E-mail Address: fireb@tampabay.rr.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 13, 2012

Date

Daytime Phone #

SEP 17 2012