

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PC00000002897**

1. Corporation Name

Kennedy Cremation Services Inc.

2. Principal Office Address

1165 Old Parsonage Dr.

Suite, Apt. #, etc.

City & State

Merritt Island

Zip

FL

Country

Brevard

3. Mailing Office Address

1165 Old Parsonage Dr.

Suite, Apt. #, etc.

City & State

Merritt Island

Zip

FL

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/00

5. FEI Number

203-38-2389

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

John A. Kennedy Jr.

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

1165 Old Parsonage Dr.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/4/03

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
P.T.S	John A. Kennedy Jr.	1165 Old Parsonage Dr.	Merritt Island FL 32952

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 DIRECTOR

[Signature]

Date

4/4/03

Daytime Phone #

321-631-1661

CR2E081 (9/01)