

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000043198

FILED
Feb 28, 2006
Secretary of State

Entity Name: AMERICAN FAMILY FUNERALS & CREMATIONS, INC.

Current Principal Place of Business:

3286 HIGHWAY 17-92
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

3286 HIGHWAY 17-92
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3630817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

POWELL, JAMES R
3286 SOUTH HWY 17-92
CASSELBERRY, FL 32707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES R POWELL

02/28/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POWELL, JAMES R
Address: 826 HAMMOCKS DRIVE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: POWELL, JAMES R
Address: 3286 SOUTH HWY 17-92
City-St-Zip: CASSELBERRY, FL 30707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R POWELL

PRES

02/28/2006

Electronic Signature of Signing Officer or Director

Date