PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -9 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043722

1. Corporation Name

MEMORIAL CHAPELS, INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
2300 E. Norvell Bryant Hwy	11036 Spring Hill Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Ste 26
City & State	City & State
Hernando, FL	Spring Hill, FL
Zip / Country	Zip / Country
34442 / Citrus	34608 / Hernando

4. Date Incorporated or Qualified To Do Business in Florida: 05-02-2000

5. FEI Number: 59-3667360 ☐ 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: JEFFREY H. MINTZ

100018673801
05/09/03--01057--006 **8.75

Street Address (P.O. Box Number is Not Acceptable): 280 Forestwood Court

Suite, Apt. #, Etc.:

City: Spring Hill | State: FL | Zip Code: 34609

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: _____ Date: 4-25-03

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PSTD	JEFFREY H. MINTZ	280 Forestwood Court	Spring Hill, FL 34609

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: _____ JEFFREY H. MINTZ 4-25-03 352-344-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #