

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PO1000109613
Richardson's Family Funeral Care, Inc

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

2627 S. Adams St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee Florida

City & State

Zip

Country

32301

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0600896

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

Derryck T. Richardson, Sr.

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

2627 South Adams Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 *10/25/2013*

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
	<i>Derryck T. Richardson Sr</i>	<i>2627 S. Adams St.</i>	<i>Tallahassee FL 32301</i>

S. HAWKES

OCT 24 2013

EXAMINER

REINSTATEMENT

10. E-mail Address: *richardsonffc@gmail.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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2013 (850) 597-0777

Date

Daytime Phone #

13 OCT 25 AM 11:32
STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

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