

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 27 PM 3:37

DOCUMENT # **P01-109613**

1. Corporation Name

Richardson's Family Funeral Care, Inc

2. Principal Office Address

101 East Fourth Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

101 East Fourth Avenue

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

Country

32303

Zip

Country

32303

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)

101 East Fourth Avenue

Suite, Apt. #, Etc.

City

Tallahassee, Florida

State

FL

Zip Code

32303

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

Derryck T. Richardson Sr.

Date **2/27/03**

REGISTERED AGENT MUST SIGN

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
Dir/ prs.	Derryck T. Richardson Sr.	810 Volusia Street	TALLA, FL 32304
V-P	Gene N. Gaskins	6401 W. Tennessee St.	TALLA, FL 32303
T.	Patricia R. Ash	810 Volusia Street	TALLA, FL 32304

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02/28/03--01004--001 **300.00

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

Derryck T. Richardson Sr.

Date

Daytime Phone #

2/27/03 (850) 878-4144

CR2E081 (9/01)

DERRYCK T. RICHARDSON, SR.
DIRECTOR

RICHARDSON'S
FAMILY FUNERAL CARE



February 27, 2003

To: Whom It May Concern
From: Derryck T. Richardson, Sr.
Ref: Reinstatement of Corporation

Our firm has been recently informed that our corporation was in inactive status. We have not recieved any information on renewals of fees, and believe that the information went to our old location at 4006 Crawfordville Road, Tallahassee, Florida 32305...and because of this mix-up, we are requesting the the late fee or penalties be waived. Thank you for your attention to this matter.

Derryck T. Richardson, Sr.
Director

"To Serve the Present Age"