2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 03, 2007
Secretary of State

DOCUMENT# P02000037902

Entity Name: PYRAMID MEMORIAL VAULTS & MONUMENTS OF FLORIDA, INC.

Current Principal Place of Business:

1441 W. AVENUE A
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

725 S. MAIN STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 04-3661094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENDALL, MAMIE W
141 S. MAIN ST., SUITE 211
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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: MAMIE KENDALL

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: D ( ) Delete
Name: CAMEL, LEONDRAE
Address: 270 1ST ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: CAMEL, LESLIE
Address: 1710 NE AVE. L
City-St-Zip: BELLE GLADE, FL 33430

Title: S ( ) Delete
Name: CAMEL, ARLENE B
Address: 1441 W. AVENUE A
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE D. CAMEL MR 05/03/2007

Electronic Signature of Signing Officer or Director — Date