

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000041788

1. Entity Name

H. A. DAVIS FUNERAL HOME, INC.



FILED

04 OCT -7 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

608 SW 12TH AVE.
DANIA BCH, FL 33004

Mailing Address

608 SW 12TH AVE.
DANIA BCH, FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052004

REIN-P

CR2E098 (6/04)

4. FEI Number

03-0441561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HAROLD A
608 SW 12TH AVE.
DANIA BCH, FL 33004

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harold A Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-5-04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DAVIS, HAROLD A
STREET ADDRESS 608 SW 12TH AVE.
CITY-ST-ZIP DANIA BCH, FL 33004

TITLE VD ☐ Delete
NAME MANUEL, ANTHONY
STREET ADDRESS 608 SW 12TH AVE.
CITY-ST-ZIP DANIA BCH, FL 33004

TITLE STD ☐ Delete
NAME BRICE, AUDREY
STREET ADDRESS 608 SW 12TH AVE.
CITY-ST-ZIP DANIA BCH, FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300041666633
10/07/04--01015--017 ***150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold A Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-04

Date

(954) 921-5150
954-987-2727

Daytime Phone #