PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
October 26, 2016
Sec. Of State

DOCUMENT # P03000033869

1. Corporation Name

ANDERSON FUNERAL HOME, INC.

000291685560

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16712 Foothill Drive	16712 Foothill Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL 33624	City & State: Tampa, FL 33624
Zip: 33624 Country: US	Zip: 33624 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03-20-2003

5. FEI Number: 59-3027733 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $6.75 Additional Fee required for a Certificate of Status

10/26/16 01020 028
**10.00

7. Name and Address of Current Registered Agent

Name: MYRA ANDERSON

Street Address (P.O. Box Number is Not Acceptable): 16712 Foothill Drive

Suite, Apt. #, etc.

City: Tampa State: FL Zip Code: 33624

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: x Myra Anderson Date: 11-18-2016

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Myra Anderson	16712 Foothill Drive	Tampa, FL 33624

14
15
16

10. E-mail Address: HOWARDMCKNIGHT@HOWARDMCKNIGHTCPA.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: x Myra Anderson - Myra Anderson 11-18-2016 813-969-1841

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

11/14