


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000003453		
1. Entity Name MONIQUE AND LORISTON COMMUNITY FUNERAL HOME, INC.		

FILED
06 DEC 18 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14990 W. DIXIE HIGHWAY N. MIAMI, FL 33181	Mailing Address 14990 W. DIXIE HIGHWAY N. MIAMI, FL 33181
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10232006 REIN-P CR2E098 (11/05) 0.6

4. FEI Number APPLIED FOR 45-053196		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MATHIELER, MARIE M 7205 NW 75TH CT TAMARAC, FL 33321		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORISTON, MATHURIN 7205 NW 75TH CT TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082366122 12/07/06--01049--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIELER, MARIE M 7205 NW 75TH CT TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marie Monique Mathelier 11/08/2006 305-945-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MOBILE 3048

October 26, 2006

MONIQUE AND LORISTON COMMUNITY FUNERAL HOME, INC.
14990 W. DIXIE HIGHWAY
N. MIAMI, FL 33181

SUBJECT: MONIQUE AND LORISTON COMMUNITY FUNERAL HOME, INC.
Ref. Number: P04000003453

We have received your document for MONIQUE AND LORISTON COMMUNITY FUNERAL HOME, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~The form submitted is not suitable~~ for archiving. Please complete the enclosed form and return to our office.

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the uniform business report/annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

Our office will consider waiving the reinstatement fee provided you return the enclosed completed reinstatement application, and this letter within 30 days of the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist Letter Number: 306A00063697
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 4. EVENTS
7. LIST
ENTER SELECTION AND CR: