

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAY 30 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000157794

1. Corporation Name

HAILE FUNERAL HOME INC.

**REINSTATEMENT**

0708  
Jm

2. Principal Office Address

802 North Oak Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Starke, FL

City & State

Zip

32091

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/01/06

5. FEI Number

20-3866252

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

ALETIA E. DESUE

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

5571 Northwest County Road 233

Suite, Apt. #, Etc.

City

Starke

State

FL

Zip Code

32091

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

Aletia E. Desue

REGISTERED AGENT MUST SIGN

Date

April 29, 2008

**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
P/D	Aletia E. Desue	5571 NW County Road	Starke, FL 32091

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:

Aletia E. Desue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2008

Date

Daytime Phone #

CR2E081 (01/04)

2/2

April 30, 2008

Department of State  
Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

Reference: Haile Funeral Home Inc – Reinstatement

Dear Sir:

Haile Funeral Home Inc is requesting reinstatement for the corporation. We did not receive notification in the mail that it was due. We are enclosing a check payable to the Department of State in the amount of \$600.00 which is what the online report showed was owing. Also, you will find enclosed the signed reinstatement form.

Please let us know if you should need anything else.

Sincerely,

HAILE FUNERAL HOME, INC.

Aletia E. DeSue

