2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P08000095083

Entity Name: DELAND MEMORIAL GARDENS, INC.

Current Principal Place of Business:

1423 BELLEVUE AVE.
DAYTONA BCH, FL 32114

New Principal Place of Business:

600 EAST BERESFORD AVE
DELAND, FL 32724

Current Mailing Address:

1423 BELLEVUE AVE.
DAYTONA BCH, FL 32114

New Mailing Address:

725 W. GRANADA BLVD
48
ORMOND BEACH, FL 32174

FEI Number: 80-0287296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, JEFFREY P
444 SEABREEZE BLVD., SUITE 9000
DAYTONA BCH, FL 32118 US

Name and Address of New Registered Agent:

LOHMAN, NANCY
725 W. GRANADA BLVD
48
ORMOND BEACH, FL 32174 US

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: NANCY LOHMAN 10/13/2009
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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: LOHMAN, LOWELL
Address: 1210 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Change (X) Addition
Name: LOHMAN, NANCY
Address: 1210 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Change (X) Addition
Name: LOHMAN, TY
Address: 753 N. PENINSULA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Change (X) Addition
Name: LOHMAN, VICTOR
Address: 31 PEBBLE BEACH DR
City-St-Zip: ORMOND BEACH, FL 32174

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: NANCY LOHMAN VP 10/13/2009
Electronic Signature of Signing Officer or Director Date