

SENT BY:

5-12-98 12:06PM : AKERMAN SENTERFITT+

941 747 7340;# 4/ 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000741

1. Corporation Name

THE PRE-NEED NETWORK, INC.

Principal Place of Business

Mailing Address

Bradenton Financial Center
1401 Manatee Avenue West, Suite 910
Bradenton, Florida 34205

REINSTATEMENT

95-98
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

38-2858055

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐See 7. Additional fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P / S	Italiano, Joseph J.	3013 Wilderness Blvd., #E	Parrish, FL 34219

000002524450--0
-05/14/98--01123--015
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Italiano, Joseph J.
1401 Manatee Avenue West, Suite 910
Bradenton, Florida 34205

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12 May 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax)

12. 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Italiano

05/12/98 941/749-1090

Date

Daytime Phone