PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036520**

1 Corporation Name

FOREST LAWN CREMATION, INC.

Principal Place of Business	Mailing Address
~~1720 EL JOBEAN RD. SUITE #206~~ ~~PORT CHARLOTTE FL 33948~~	~~1720 EL JOBEAN RD. SUITE #206~~ ~~PORT CHARLOTTE FL 33948~~

22102 Kimble AVE Port Charlotte FLA 33952

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
22102 Kimble AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Port Charlotte	FLA
City & State	City & State
Zip 33952 Country USA	Zip 33952 Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1993

5. FEI Number: 65-0448109 HAVE ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	CURRAN, W. T.	~~1720 EL JOBEAN ROAD~~ 22102 Kimble AVE	PORT CHARLOTTE FL 33952
~~VPST~~	~~ENOCH, D. L.~~	~~1720 EL JOBEAN ROAD~~	~~PORT CHARLOTTE FL~~
			700002038417--1 -12/26/96--01035--017 ****375.00 ****375.00
			REINSTATEMENT 12/23/96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CURRAN, W. T. ~~1720 EL JOBEAN ROAD~~ 22102 Kimble AVE ~~PORT CHARLOTTE FL 33953~~ 33952	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/96)

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 W T Curran REGISTERED AGENT MUST SIGN — Date SEPT 19 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: W T Curran W T CURRAN 12.1.96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083623 AP