

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 14 PM 4:29

DOCUMENT # P93000061346

1. Corporation Name

CENTRAL FLORIDA CREMATORY OF POLK COUNTY, INC.

Principal Place of Business

717 GRIFFIN RD.
 LAKELAND FL 33805

Mailing Address

P. O. BOX 80647
 LAKELAND FL 33804
 US



REINSTATEMENT

99

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/01/1993

5. FEI Number

59-3197135

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	LANIER, CHARLES R SR	621 GRIFFIN RD	LAKELAND FL
VP	LANIER, JOHNNIE M	621 GRIFFIN RD	LAKELAND FL
SDT	WEBB, CHERYLE M	1710 SOCRUM LOOP RD	LAKELAND FL

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 -10/20/99--01082--007
 ***750.00 ***750.00

10/10/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANIER, CHARLES R SR
 717 GRIFFIN RD
 LAKELAND FL 33805

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Charles R. Lanier

REGISTERED AGENT MUST SIGN

Date

10/12/99

11. 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)(l), 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:

Cheryl M Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

Date

(941) 1087-3996

Daytime Phone #