

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000067916

1. Corporation Name

Robert L. Creal, Jr.
Funeral Director, Inc.

2. Principal Office Address

2025 Dr. M.L. King St., So.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 14513

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33705

Country

Pinellas

Zip

33733

Country

1000015561054

04/09/03--01067-026 *1817.50

02-03

[Handwritten signature]

4. Date Incorporated or Qualified
To Do Business in Florida 9/23/93

5. FEI Number
59-3205244

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert L. Creal

Street Address (P.O. Box Number is Not Acceptable)
2140 - 26th St., So.

Suite, Apt. #, Etc.

City St. Petersburg

State FL Zip Code 33733

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

Robert L. Creal
REGISTERED AGENT MUST SIGN

3/30/03

Date

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
CEO	Robert L. Creal	2140-26th St., S.	St. Petersburg, FL 33712

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.

Robert L. Creal
SIGNATURE: Robert L. Creal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03

Date

(727) 896-2602

Daytime Phone #