

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR -9 PH 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

100015561054  
01/09/03--01067--026 \*\*1817.50

**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

Date 3/30/03

**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.**

**SIGNATURE:**

*Robert L. Creal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03

Date

(727)-896-2602

Daytime Phone #

CR2E081 (10/02)