PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE ~ FOR **DIVISION OF CORPORATIONS** REINSTATEMENT 01 AUG 20 PH 11:23 DOCUMENT # P94000001310 1. Corporation Name SECRET AY OF SANTE J.M. GARCIA FUNERAL HOMES, INC. Mailing Address Principal Place of Business 4930 E 4 AVE. 4930 E 4 AVE. HIALEAH. FL. 33012 HIALEAH. FL. 33012 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 4338 S.W. 8 ST. Suite, Apt. #, etc. 01-06-94 Suite, Apt. #, etc. 5. FEI Number Applied For MIAMI. FL. 33134 City & State City & State Not Applicable 65-9878651 MIAMI. FL. 33134 \$8.75 Additional Fee require for a Certificate of Status Zip CERTIFICATE OF STATUS DESIRED [33134 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) P GARCIA JOSE M. 4338 S.W. 8 ST. MIAMI. FL. 33134 700004563497---08/30/01--01024--004 ***1058.75 ***1058.75 REMSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent JOSE M. GARCIA Street Address (P.O. Box Number is Not Acceptable) 250 E 4 AVE. HIALEAH. FL. 33010 Suite, Apt. #, Etc. City Zip Code 10. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 08-17-2001 Date REGISTERED AGENT MUST SIGN 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L No L 13. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made

- JOSP M. GARCIA, President

SIGNATURE:

OFFICE USE ONLY (Document #) LAZARUS CORPORATE FILING SERVICE (Requester's Hanne) 3320 S.W. 87 AVENUE (Aldress) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Walk in Pick up time 2,00 Certified Copy Certificate of Status Mail out Will wait Photocopy **AMENUMENTS** NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ QUALIFICATION OTHER FUNGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials