PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DESARRIMENT OF STATE

REIN	FOR STATEMENT	∂	Karberine HI Secretary	ris ate	SECRI	FILED ETARY OF STATE HASSEE, FLORIDA	, 17	
DOCUMENT # P96000019290 1. Corporation Name					01 OCT 22 PM 5: 42			
EAST	LAKE MEMORIAL GA	ARDENS, IN	C.				i	
Principal Place of Business 1800 ALTERNATE 19 SOUTH TARPON SPRINGS FL 34689		1800 ALTER	Mailing Address 1800 ALTERNATE 19 SOUTH TARPON SPRINGS FL 34689					
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					Date Incorporated or Qualified To Do Business in Florida 03/01/1996			
Suite, Apt. #		Suite, Apt. #,			5. FEI Number Applied For			
City & State	Country	City & State			6. CERTIFICATE		Not Applicable 75 Additional Fee required	
	and Street Addresses of Each Officer			·	<u> </u>	:OF STATUS DESIRED LA	or a Certificate of Status	
Title(s)	le(s) Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director		City / State / Zip		
D	MILLS, JOHN M 1209 N. FLOR)A AVENUE		TARPON SPRINGS FL 34689 200046705123 -11/07/0101033008 ****150.00 ****150.00		
					20			
						,	SP	
Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
					P.O. Box Number	P.O. Box Number is Not Acceptable)		
	alternate 19 S On Springs FL 34689		Suite, Apt. #, Etc.					
City				City	State FL Zip Code			
10. I, being Signature o Registered	g appointed the registered agent of the Agent	e above named corporation of the	i requu	ith and accept the o	bligations of Secti	Date	1-2001	
this rein	that I am an officer or director or the istatement application, the reason for the corporation have been paid and application is true and accurate and	dissolution has been the names of individ	n eliminated, the corpo duals listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0	401, F.S., that all fees	

SIGNATURE: S



EAST LAKE MEMORIAL GARDENS 1800 ALTERNATE 19 SOUTH TARPON SPRINGS, FL 34689 727-942-2558

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee; FL 32314

Re: Document #P96000019290, FEI # 59-3368667

Dear Sir:

We did not receive the renewal notice for the corporation in the mail. I called and spoke with your office yesterday and as per that conversation, I am enclosing a check for \$150.00, along with the report.

I appreciate your help in this matter.

Sincerely,

John M Mills