

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 20 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800161949978  
10/20/09--01032--009 \*\*458.75

DOCUMENT # P97000054444

1. Corporation Name

FUNERARIA LA CATHOLICA, INC.

2. Principal Office Address - No P.O. Box #

6871 BIRD ROAD

3. Mailing Office Address

6214 SW 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/1997

5. FEI Number  
65-0815386

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

S. RAFAIY ALKHALIFA

Street Address (P.O. Box Number is Not Acceptable)  
6214 SW 8TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*S. Rafaiy Alkhalifa*  
REGISTERED AGENT MUST SIGN

Date 10-15-2009

**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
PSTD	S. RAFAIY ALKHALIFA	6214 SW 8TH ST	MIAMI, FLORIDA 33144

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 contained in Chapter 119, 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

*S. Rafaiy Alkhalifa*

S. RAFAIY ALKHALIFA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-2009

Date

305-910-4169

Daytime Phone #