PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 21 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106753

1. Corporation Name

Affordable Funeral Options, Inc.

REINSTATEMENT 2001

2. Principal Office Address		**3.** Mailing Office Address	
1911 Taft Vineland Road		1911 Taft Vineland Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando, Florida		Orlando, Florida	
Zip	Country	Zip	Country
32837	Orange	32837	Orange

4. Date Incorporated or Qualified To Do Business in Florida 12/19/97

5. FEI Number 59-3483239 ☐ 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: Jonathan Scott

Street Address (P.O. Box Number is Not Acceptable): 1911 Taft Vineland Road

400004743124--8
-12/28/01--01073--006
****750.00 ****750.00

Suite, Apt. #, Etc.

City: Orlando | State: FL | Zip Code: 32837

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: Jonathan E. Scott — REGISTERED AGENT MUST SIGN

Date: December 18, 01

CR2E081 (9/00)

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
D, P	Jonathan Scott	1911 Taft Vineland Road	Orlando, FL 32837

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: Jonathan E. Scott — December 18, 01 — 407-859-8909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #