

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000018685

1. Corporation Name

MORTUARY CARE FACILITY, INC.

Principal Place of Business

Mailing Address

167 N.E. 26TH ST., SUITE #A
MIAMI FL 33137

P.O. BOX 1272
FORT LAUDERDALE FL 33302

see attached

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1998

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	DAMIANO, JOSEPH	P.O. BOX 1272	FORT LAUDERDALE FL 33302
X ST	MALDONADO, JOSEPHACK	550 NW 27TH AVE, STE #1A	FORT LAUDERDALE FL 33302

200003438022--8
-10/24/00--01087--017
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAMIANO, JOSEPH
167 N.E. 26TH ST.
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Joseph Damiano
REGISTERED AGENT MUST SIGN

Date OCTOBER 16, 2000

11. 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:

Joseph Damiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 16, 2000

Date

305/945-8899

Daytime Phone #

108

CP20040 (8/00)

208

Mortuary Care Facility
167 Northeast 26 Street
Suite Number B
Miami, Florida 33137

October 16, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

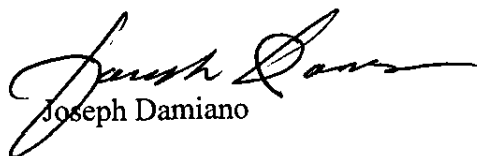
To Whom It May Concern:

Per our phone conversation October 16, 2000, with Leslie at 2:47 PM, please accept this letter of intent for the Corporate Annual Report, as the original was not received. Phone calls to the Department of State were placed to notify your office.

The correct mailing address is Post Office Box 1272, Ft Lauderdale, Florida 33302

Please feel free to contact this office if you are in need of any additional information.
Thank you for your full cooperation in this matter.

Sincerely,


Joseph Damiano