

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000053552

1. Entity Name
ALLEN & SHAW CREMATIONS, INC.



Principal Place of Business
13931 N.W. 20TH COURT
OPA-LOCKA, FL 33054 US

Mailing Address
P.O. BOX 540982
OPA-LOCKA, FL 33054 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



4. FEI Number
65-0843508

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, M L
13931 N.W. 20TH COURT
OPA-LOCKA, FL 33054

Name
V A Shaw
Street Address (P.O. Box Number is Not Acceptable)
13931 NW 20th Court
City Opa-Locka FL Zip Code 33054

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE VA Shaw

DPT

09-20-2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME SHAW, MARIAN L
STREET ADDRESS 13931 N.W. 20TH COURT
CITY-ST-ZIP OPA-LOCKA, FL 33054 ☒ Delete

TITLE DPT
NAME V A Shaw
STREET ADDRESS 13931 NW 20th Court
CITY-ST-ZIP Opa-Locka, Florida 33054 ☒ Change ☐ Addition

TITLE DVPS
NAME NOWAK, PAUL
STREET ADDRESS 13931 N.W. 20TH COURT
CITY-ST-ZIP OPA-LOCKA, FL 33054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800109960258
09/26/07--01035--012 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Verl A. Shaw

09-29-2007

305-681-1426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #