

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000082162

1. Corporation Name

LINCOLN MEMORIAL GARDENS INC.

Principal Place of Business

Mailing Address

434 NORTH W. MARTIN LUTHER KING JR. AVE

OCALA, FLORIDA 34475

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

1913 NORTH W. 13th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FLORIDA

Zip

Country

Zip

Country

34475

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1998

5. FEI Number

59-3521337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 SEP 13 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300007899973--4

-09/20/02--01065--026

***1050.00 ***1050.00

DO NOT WRITE IN THIS SPACE

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ALBERT L. CUNNINGHAM SR.	1913 NORTH W. 13th PLACE	OCALA, FLORIDA 34475
D	ALGENON CUNNINGHAM	1913 NORTH W. 13th PLACE	OCALA, FLORIDA 34475

REINSTATEMENT 00-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALBERT L. CUNNINGHAM
1913 NORTH W. 13th PLACE
OCALA, FLORIDA 34475

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 9-4-02

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-02

Date

Daytime Phone #

CR2E040 (6/95)