

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

00 NOV -8 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000081025**

1. Corporation Name

**STONE'S MEMORIAL FUNERAL HOME, INC.**

Principal Place of Business

5016 NORTH 22ND STREET  
TAMPA FL 33610

Mailing Address

5016 NORTH 22ND STREET  
TAMPA FL 33610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1999

5. FEI Number

59-3093143

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STONE, EDWARD W JR.	5016 NORTH 22ND STREET	TAMPA FL 33610
VD	STONE, FANNIE B	5016 NORTH 22ND STREET	TAMPA FL 33610
STD	STONE, ROSETTA	5016 NORTH 22ND STREET	TAMPA FL 33610
			900003485549--5 -12/05/00--01011--017 ***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent

STONE, EDWARD W JR.  
5016 NORTH 22ND STREET  
TAMPA FL 33610

9. Name and Address of New Registered Agent

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

*Edward W. Stone*  
REGISTERED AGENT MUST SIGN

Date 10-14-00

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:

*Edward W. Stone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00  
Date

(813) 237-1134  
Daytime Phone #

# Stone Memorial Funeral Home

5016 22nd Street  
Tampa, Florida 33610

Phone 237-1134  
Fax 813-237-0406

RECEIVED  
OCT 14 1999

October 14, 2000

Division of Corporations  
Annual Report/Reinstatement Section

P.O. Box 6327  
Tallahassee, Florida 32314-6327

To Whom It May Concern:

This letter is in reference to the attached document (#P99000081025) application for reinstatement. Due to the fact that an application for continuance of corporation status was not received prior to this application for reinstatement we request that you rescind the resolution notice and waive the the reinstatement fee.

Enclosed is a check for \$150.00 to retain our status. If there are any questions, or problems please contact me at the above numbers.

Thank you for your cooperation and consideration.

Sincerely,

*Edward W. Stone*

Edward W. Stone, LFD