

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

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

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

400023765604
10/13/03--01094--022 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-8-03

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, Jr.

813-237-1134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-8-03 Daytime Phone #

CR2E040 (7/03)

Stone's Memorial Funeral Home, Inc.

5016 North 22nd Street
Tampa, Florida 33610



October 8, 2003

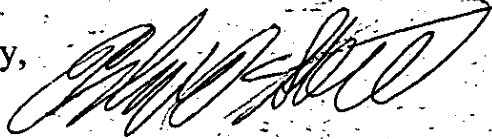
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

We did not receive the uniform business report notices that were mailed prior to our receiving the notice of administrative dissolution or revocation. We are requesting that the reinstatement fee be waived. Enclosed is a check for \$150.00.

Thank you for your cooperation and prompt attention to this matter.

Sincerely,




Edward W. Stone, Jr.

Office Telephone: (813) 237-1134

Cell Telephone: (813) 545-5968

Fax No.: (813) 237-0406

 Fannie B. Stone Traditional Service

