

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP 24 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 899 000084388

1. Corporation Name  
Affordable Cremation Options, Inc.

800008017148--3  
-09/25/02--01051--009  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address  
1911 W. Taft Vineland Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, Florida

City & State

Zip Country  
32837 Orlando

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

59-3600828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

**7. Name and Address of Current Registered Agent**

Name

Lynn-Marie Arruda

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

2475 Trace Avenue

Suite, Apt. #, Etc.

Belle Isle, Florida 32809

City

Belle Isle

State  
FL

Zip Code  
32809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Lynn-Marie Arruda*

Date

9/11/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President -	Lynn-Marie Arruda	2475 Trace Avenue	Belle Isle, FL 32809

10. 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

*Lynn-Marie Arruda*

Lynn-Marie Arruda President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/02

Daytime Phone #

407-

854-9923

CR2E081 (9/01)

Affordable Cremation Options, Inc.  
1911 W. Taft Vineland Road  
Orlando, Florida 32837  
(407) 854-9923

September 17, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed, please find my corporate reinstatement form. I have also enclosed a check that you can fill out so my corporation can be reinstated. I am hoping to close on the sale of this business this Friday September 20, 2002. It was in this process that I learned that my corporation was administratively dissolved. I don't know where the annual return is, we have a secretary that is shared by three companies located in this facility and I was never given the return in order to keep our corporation current. I realize that it is my responsibility to keep current but I was depending on a secretary to give me my mail and message and unfortunately did not receive them. Please call me at the above number to let me know how much the check is written for.

Thank you in advance for your courtesy and help in this matter.

Sincerely,



Lynn-Marie Arruda  
President