

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR



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

FILED

01 APR -4 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093923

1. Corporation Name

PALM BEACH REMOVALS, INC.

Principal Place of Business

Mailing Address

141 HAMPTON CIR.  
JUPITER FL 33458

141 HAMPTON CIR.  
JUPITER FL 33458



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59 335 7330

Not Applicable

Zip

Country

Zip

Country

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
PRES.	JOHN S. EDGLEY	141 HAMPTON CIRCLE JUPITER, FL 33458	JUPITER, FL 33458

200004014062--4  
-04/17/01--01099--018  
\*\*\*\*300.00 \*\*\*\*300.00

00-01 4312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDGLEY, JOHN S  
141 HAMPTON CIR.  
JUPITER FL 33458

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

*John S. Edgley*

REGISTERED AGENT MUST SIGN

Date

3-28-01

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:

*John S. Edgley*

JOHN S. EDGLEY

3-28-01

561-346-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

PBR

March 28, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FLorida 32314

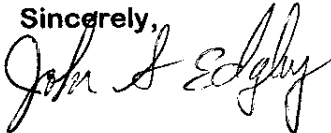
Dear Sirs,

At the recommendation of one of your employees I am writing you and requesting a reinstatement of my business without penalty. I have recently been released to return to work after having both knees replaced which prevented me from removing bodies and standing in embalming rooms for well over a year.

As instructed, I have enclosed a check for \$300.00. Your understanding matter in this matter is greatly appreciated.

If you have any questions feel free to call me.

Sincerely,



John S. Edgley  
Licensed Funeral Director

**Palm Beach Removals, Inc.**  
*Removals, Embalming and Funeral Directing*

Office: 561-346-4401

141 Hampton Circle  
Jupiter, FL 33458

Pager: 561-535-5295