2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000098914

1. Entity Name
COOPER'S CARRIAGE SERVICE, INC.

Principal Place of Business	Mailing Address
1521 CRE RD DOVER, FL 33527	1521 CRE RD DOVER, FL 33527

2. Principal Place of Business	3. Mailing Address
1521 Cre Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09262005   REIN-P   CR2E098 (6/04)

City & State	City & State	4. FEI Number	Applied For
Dover FL		59-3607270	Not Applicable

Zip *33527*	County *Hills.*	Zip	Country	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROSVENOR, LINDA 1521 CRE RD DOVER, FL 33527	Name: *SAME* Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda Grossman*   *LINDA GROSVENOR*   *10/4/05*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **GROSVENOR, LINDA** STREET ADDRESS **1521 CRE RD** CITY-ST-ZIP **DOVER, FL 33527**	☐ Delete	TITLE NAME STREET ADDRESS *SAME* CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	*100060455521* *10/10/05--01067--020 **158.75*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _*Linda Grossman*_   *10/4/05*   *813719 3331*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #