2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT										
DOCUMENT # P99000098914						احال	ren (m)			
1. Entity Name COOPER'S CARRIAGE SERVICE, INC.					22	2005 OCT 10 PM 12: 36				
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1521 CRE RE		Mailing Address 1521 CRE RD			<u> </u>	TALLAHASSE	E. FLUI	AUB		
DOVER, FL 33527 DOVER, FL 33527										
2. Principal P	tace of Business	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			09262005	REIN-P	CR2E0	98 (6/04)		
City & State	e	City & State			4. FEI Numbe			<u> </u>	plied For	
Zip Coyntsy//		Zip Coun		itry	59-3607270 5. Certificate of Sta		, . . \$	No. 8.75 Add	t Applicable	
335	541 HI115.	Designated Asset					KA F	ee Required		
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent				
GROSVENOR, LINDA 1521 CRE RD Street					Same dress (P.O. Box Number is Not Acceptable)					
DOVER, FL 33527										
				City FL Zip Code						
The above named entity submits this statement for the purpose of changing its registered office or register						th, in the State of Flor		miliar with,	and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or ophied name of registered agent and title if applicable. (NOTE: Registered Agent strongture required when reinstating) DATE										
FILE NOWII: FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance will corporation did n	ith s. 607.1 ot receive	93(2)(b), I the prior n	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND I	DIRECTORS	S IN 11	
TITLE NAME	P GROSVENOR, LINDA	☐ Delete	TITL	I				☐ Change	☐ Addition	
STREET ADDRESS	1521 CRE RD		STRE	ET ADDRESS	C 1 m2 F					
CITY-ST-ZIP	DOVER, FL 33527	Delete	CITY	-ST-ZIP	SAME					
NAME		L. Juerete	NAM		10	<mark>300604</mark>)/0501067-	555	□ Change 2 1	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP	10/10)/0501067-	020	**158.	75	
TITLE		☐ Detete	TITL					Change	Addition	
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE NAME		Defete	TITE	I				Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP		☐ Delete	TITU	-ST-ZIP				☐ Change	☐ Addition	
NAME			NAM	E						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					ļ	
TITLE		☐ Delete	IIII					Change	Addition	
NAME Street address			nam Stre	E ADDRESS						
CITY-ST-ZIP				-ST-ZIP		·				
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.										
W. I. M										
SIGNATURE: MAL / MALL / MALE OF SIGNING OFFICER OR DIRECTOR / Date Dayling Phone #										