

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|--|---|
| DOCUMENT # P99000098914 | |  |
| 1. Entity Name COOPER'S CARRIAGE SERVICE, INC. | | |

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

| | |
|---|---------------------|
| 2. Principal Place of Business 1521 CRE RD | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------|-------------------|
| City & State DOVER FL | City & State |
| Zip 33527 | Country Hills. |



09262005 REIN-P CR2E098 (6/04)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GROSVENOR, LINDA 1521 CRE RD DOVER, FL 33527 | |
|---|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent 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 <u>Linda Grosvenor</u> LINDA GROSVENOR <small>Signature, typed or printed name of registered agent and title if applicable.</small> | 10/4/05 <small>DATE</small> |
|---|--|--------------------------------|

| | |
|--|--|
| 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 NAME STREET ADDRESS CITY-ST-ZIP | P GROSVENOR, LINDA 1521 CRE RD DOVER, FL 33527 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100060455521 10/10/05--01067--020 ***158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Linda Grosvenor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 10/4/05 813 719 3331 <small>Date Daytime Phone #</small> |