

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000108759			
1. Corporation Name HARTMAN FUNERAL SERVICES, INC.			
Principal Place of Business 3704 WEST 23RD ST SUITE C PANAMA CITY FL 32405		Mailing Address 3704 WEST 23RD ST SUITE C PANAMA CITY FL 32405	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 12/14/1999		5. FEI Number 59-3617811	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8.75 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	WILLIAMS, WILLIAM H JR	3780 BONNER RD	PENSACOLA FL 32503
		700004740117--2 -12/26/01-01105-024 ****600.00 ****600.00	
		700004740117--2 -12/26/01-01105-025 ****150.00 ****150.00	
		LS	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILLIAMS, WILLIAM H JR 3780 BONNER ROAD PENSACOLA FL 32503		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 		Date 11-16-01	
REGISTERED AGENT MUST SIGN			
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: William H. Jr. Williams		Date 11-16-01 850-913-8817	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

01 DEC 12 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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