

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -4 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31394**

1. Corporation Name

AMERICAN FUNERAL BROKERS, INC.

Principal Place of Business

Mailing Address

3218 LANCASTER LANE
TAMPA FL 33619

3218 LANCASTER LANE
TAMPA FL 33619



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1119 W. NASSAU ST.

3. New Mailing Office Address, If Applicable

1119 W. NASSAU ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33607

City & State

Tampa, FL 33607

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1991

5. FEI Number

59-3022099

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HARMON, JOHN W. III	3218 LANCASTER LANE	TAMPA FL
S	HARMON, JOHN W III	3218 LANCASTER LANE	TAMPA FL
T	HARMON, JOHN III	3218 LANCASTER LANE	TAMPA FL

800002738488--4

01/12/99 01080-007

****750.00 ****750.00

8. Name and Address of Current Registered Agent

HARMON, JOHN W. III
3218 LANCASTER LANE
TAMPA FL 33619

9. Name and Address of New Registered Agent

Name

JOHN W. HARMON III

Street Address (P.O. Box Number is Not Acceptable)

1119 W. NASSAU STREET

Suite, Apt. #, Etc.

City

TAMPA FL

State

Zip Code

FL

33607

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-31-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-31-98

CR25140 (8/96)