

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 KATHERINE HARRIS  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 OCT 17 PM 2: 32

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # S51550

1. Corporation Name

CREMATION SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

536 N.W. 27 AVE  
 STE. 1A  
 FT. LAUDERDALE FL 33302  
 US

P.O. BOX 100  
 FT. LAUDERDALE FL 33302  
 US

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

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0286111

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAMIANO, A	225 SW 21 TER.	FT. LAUDERDALE FL
SD	DAMIANO, JOSEPH	225 S.W. 21ST TERR.	FT. LAUDERDALE FL

700003434157--1  
 -10/20/00--01086--014  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMAN, M H  
 17290 NE 19 AVE  
 N MIAMI BCH FL 33162

Name

JOSEPH DAMIANO

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

225 S.W. 21 TERRACE

Suite, Apt. #, Etc.

FT LAUDERDALE. FL

City

FT LAUDERDALE FL

State

FL

Zip Code

33312

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 OCTOBER 16, 2000

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:

*Joseph Damiano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 16, 2000

Date

954/797-1111

Daytime Phone #

CR2E040 (8/00)

202

Cremation Systems International Inc  
550 Northwest 27<sup>th</sup> Avenue  
Suite Number 1A  
Ft Lauderdale, Florida 33311

October 16, 2000

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

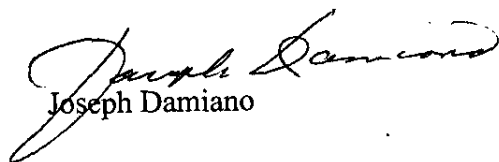
To Whom It May Concern:

Per our phone conversation October 16, 2000, with Leslie at 2:47 PM, please accept this letter of intent for the Corporate Annual Report, as the original was not received. Phone calls to the Department of State were placed to notify your office.

The correct mailing address is Ft Lauderdale, Florida 33311

Please feel free to contact this office if you are in need of any additional information.  
Thank you for your full cooperation in this matter.

Sincerely,

  
Joseph Damiano