

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 13 PH 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **018179**

1. Corporation Name

**OAKLAWN CEMETERY ASSOCIATION**

Principal Place of Business

Mailing Address

4801 SAN JOSE BLVD  
JACKSONVILLE FL 32207

4801 SAN JOSE BLVD  
JACKSONVILLE FL 32207

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

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1934

5. FEI Number

59-0380400

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	TAYLOR, WESLEY F.; JR.	4801 SAN JOSE BLVD	JACKSONVILLE FL
TDP	TAYLOR, NEIL C	4801 SAN JOSE BLVD	JACKSONVILLE, FL 00000
DV	TAYLOR, JANICE O.	4801 SAN JOSE BLVD	JACKSONVILLE FL
ASD	TAYLOR, JANICE E.	4801 SAN JOSE BLVD.	JACKSONVILLE FL
VD	TAYLOR, MARK	4801 SAN JOSE BLVD	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, NEIL C  
4801 SAN JOSE BLVD  
JACKSONVILLE FL 32207

Name

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

700023723437

Suite, Apt. #, Etc.

10/13/03--01008--025 \*\*750.00

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. or 617.0505, F.S.

Signature of Registered Agent

*Neil C. Taylor*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Neil C. Taylor* (NEIL C. TAYLOR) 10/9/03 904-737-7177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)