

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45104

1. Corporation Name

MURDOCK PLAZA CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

2414 TAMiami TRAIL

Suite, Apt. #, etc.

UNIT 105

City & State

PORT CHARLOTTE FL

Zip

33952

Country

USA

3. Mailing Office Address

2414 TAMiami TRAIL

Suite, Apt. #, etc.

UNIT 105

City & State

PORT CHARLOTTE

Zip

33952

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-12-1991

5. FEI Number

65-0288704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREG A. BETTERTON

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

981 RIDGEWOOD AVENUE

Suite, Apt. #, Etc.

SUITE 101

City

VENICE FL 34292

State

FL

Zip Code

34292

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****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-11-2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------------------|
| DIR. | | | |
| PRES. | <u>BRENT A. PINKERTON</u> | <u>2414 TAMiami TR. UNIT 105</u> | <u>PORT CHARLOTTE FL 33952</u> |
| DIR. | | | |
| V-P | <u>JOHN DUNN</u> | <u>2414 TAMiami TR. UNIT 105</u> | <u>PORT CHARLOTTE FL 33952</u> |
| DIR. | | | |
| SECY. | <u>PATRICIA KOLTERMAN</u> | <u>2414 TAMiami TR. UNIT 105</u> | <u>PORT CHARLOTTE FL 33952</u> |
| | | | |
| | | | |
| | | | |

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2002 941-488-6811

Date

Daytime Phone #

CR2E081 (9/01)