

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

APPROVED
AND
FILED

05 APR 28 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 584601

1. Corporation Name

Frank Murray, P.A.

2. Principal Office Address

10800 Biscayne Blvd.

Suite, Apt. #, etc.

545

City & State

Miami, FL

Zip

33161

Country

US

3. Mailing Office Address

10800 Biscayne Blvd.

Suite, Apt. #, etc.

545

City & State

Miami, FL

Zip

33161

Country

US

REINSTATEMENT 93-05
MRS

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

9/1/1978

5. FEI Number

591844711

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

Frank Murray

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

10800 Biscayne Blvd

Suite, Apt. #, Etc.

545

City

Miami

State
FL

Zip Code

33161

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

Frank Murray
REGISTERED AGENT MUST SIGN

Date

4-20-05

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
President	Frank Murray	10800 Biscayne Blvd. #545	Miami, FL 33161

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

Frank Murray

Date

4/20/05 (305) 895-2500

Daytime Phone #

CR2E081 (01/05)