

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 847276

99 MAR 31 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
National Employers Company

1099-10311

Principal Place of Business
Three Center Plaza, Suite 500
Boston, MA 02108

Mailing Address
Same

REINSTATEMENT

97299

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

10-21-80

5. FEI Number
06-0921624

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Edward J. Murphy, Sr.	18 Locust Way	Nahant, MA 01908
Director	Terrance Murphy	200 Reservoir Road	Chestnut Hill, MA 02167

8000002892288-3
-04/07/99-01080-001
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Lester D. Havens
2300 Palm Beach Blvd.
West Palm Beach, FL 33409

9. Name and Address of New Registered Agent

Name: **Michael Riley**
Street Address (P.O. Box Number is Not Acceptable): **935 N.E. 62 Street**
Suite, Apt. #, Etc:
City: **Fort Lauderdale** State: **FL** Zip Code: **33334**

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: **Michael Riley**

Date: **2/1/99**

REGISTERED AGENT MUST SIGN

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: **Edward J. Murphy, Sr., President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward J. Murphy, Sr., President

2/1/99 (617)723-4400
Date Daytime Phone #

CR2E040 (1-98)