

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 81434

1. Corporation Name

Murphy's of Pensacola Inc.

2. Principal Office Address

2668 Tinosd Cir

Suite, Apt. #, etc.

3. Mailing Office Address

2668 Tinosd Cir

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pensacola

Zip

32526

Country

Escambia

Zip

32526

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-87

5. FEI Number

59-2830332

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Jim Murphy

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

2668 Tinosd Circle

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code

32526

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 7/28/04

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
P.D.	Jim Murphy	2668 Tinosd Cir.	Pensacola, 32526

300039796809
08/02/04--01092--013 **908.75

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

7/28/04

Date

850-341-2452

Daytime Phone #