

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUN 12 P 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000061504**

1. Limited Liability Company's Name

MURPHY'S LAW PIZZA LLC

2. Principal Office Address - No P.O. Box #

1106A KEY PLAZA

Suite, Apt. #, etc.

3. Mailing Office Address

1106A KEY PLAZA

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

6/21/05

6. FEI Number

20-3051400

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MURPHY D RANSON III

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

1106A KEY PLAZA

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

(Signature) Murphy D. Ranson

REGISTERED AGENT MUST SIGN

Date **5-25-08**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	MURPHY D RANSON III	1106A KEY PLAZA	KEY WEST FL 33040
			05/23/08--01033--001 **416.25
			100130446371
			05/23/08--01033--001 **416.25
			100130446371
			05/23/08--01033--001 **416.25

REINSTATEMENT 06-08

(Signature)

(Signature)

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

(Signature) Murphy D Ranson

Date

5-25-08

Daytime Phone #

305-896-3621

Typed or printed name of signing Managing Member/Manager

MURPHY Dale Ranson III