

L99000007949

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03-FEB-6 AM 10:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

7001-
7003

DOCUMENT #

L99000007949

1. Limited Liability Company's Name

Murphy Capital, LLC

2. Principal Office Address

4215 Sylvan Ramble

Suite, Apt. #, etc.

3. Mailing Office Address

4215 Sylvan Ramble

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/19/99

6. FEI Number

593610827

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

Daniel E. Murphy

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

4215 W. Sylvan Ramble St.

Suite, Apt. #, Etc.

Tampa

City

State

FL

Zip Code

33609

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]

REGISTERED AGENT MUST SIGN

Date

2/4/03

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
MR MGR	Jeffrey D. Murphy	609 E. Jackson St. Suite 180	Tampa, FL 33602
MR MGR	Daniel Murphy	4215 W. Sylvan Ramble	Tampa, FL 33609 <i>[Signature]</i>

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]

Date

1/31/02

Daytime Phone #

813-228-9223

Typed or printed name of signing Managing Member/Manager

Jeffrey D. Murphy

CR2E041 (10/02)