

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M73143

1. Corporation Name

MUR-LYN INC.

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

c/o Kenneth R. Bunting

Suite, Apt. #, etc.

18056-167 San Carlos Blvd.

City & State

Fort Myers Beach, FL

Zip

33931

Country

USA

3. Mailing Office Address

c/o Kenneth R. Bunting

Suite, Apt. #, etc.

18056-167 San Carlos Blvd.

City & State

Fort Myers Beach, FL

Zip

33931

Country

USA

7. Name and Address of Current Registered Agent

Name

Kenneth R. Bunting

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

18056-167 San Carlos Blvd.

Suite, Apt. #, Etc.

City

Fort Myers Beach

State

FL

Zip Code

33931

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

12/10/08

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/S/D	Kenneth R. Bunting	18056-167 San Carlos Blvd.	Fort Myers Beach, FL 33931

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/08 238 482 3074

Daytime Phone #

FILED

08 DEC 12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700139096537
12/17/08--01027--012 **1358.75

REINSTATEMENT

00-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1988

5. FEI Number

65-0119555

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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 reinstatement fee be waived.

0012/16