

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000000478**

1. Corporation Name

E & J MURAT FOUNDATION, INC.

Principal Place of Business

615 NE 164TH ST.
N. MIAMI BCH FL 33162

Mailing Address

615 NE 164TH ST.
N. MIAMI BCH FL 33162

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MURAT, JEANNE	615 NE 164TH ST.	N. MIAMI BCH FL 33162
VD	PIERRE, DAVIDSON	6940 SW 28TH ST.	MIAMI FL 33023
TD	BENN, ANGELA	1313 NE 187TH ST.	MIAMI FL 33179
SD	METELLUS, SANDRA	2279 SW 80TH TERR.	MIRAMAR FL 33025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURAT, ERNEST
615 NE 164TH ST.
N. MIAMI BCH FL 33162

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Ernest J. Murat
REGISTERED AGENT MUST SIGN

Date

12/15/03

11. 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:

Jeanne Murat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03

Daytime Phone #

REINSTATEMENT



500025730905

12/23/03--01034--029 **61.25

FILED

01 FEB 26 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-04

CR2040 (7/03)