

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -9 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003898

1. Corporation Name

MICHAEL T. MURPHY MINISTRIES, INC.

2. Principal Office Address

20988 Chestnut Street

Suite, Apt. #, etc.

City & State

Dunnellon, Florida

Zip

34430

Country

USA

3. Mailing Office Address

P.O. BOX 2684

Suite, Apt. #, etc.

City & State

Dunnellon, Florida

Zip

34430

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

MAY/2002

5. FEI Number

05-0522186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL T. MURPHY

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

20988 CHESTNUT STREET

Suite, Apt. #, Etc.

12/09/03--01019--015 **71.00

City

DUNNELLON

State

FL

Zip Code

34430

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

REGISTERED AGENT MUST SIGN

Date

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
VP	DORSA LYNN MURPHY	PO BOX 2684	DUNNELLON, FLORIDA 34430
TRES	MASTERS FORD	1118 NW 7th AVENUE	OCALA, FLORIDA 34475
SECY	SADIE MAE THOMAS	PO BOX 1874	DUNNELLON, FLORIDA 34430

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:

Michael T. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

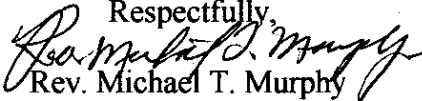
12-4-03

CR2E061 (10/02)

MICHAEL T. MURPHY MINISTRIES, INC
P.O. BOX 2684
DUNNELLON, FLORIDA 34430

To Whom It May Concern,

Please forward all future documents pertaining to the reporting process for Michael T. Murphy Ministries, Inc. to the address listing (3) located on the corporation reinstatement form. I am requesting a fee waiver due to the mailing error.
Thank you for your consideration.

Respectfully,

Rev. Michael T. Murphy