

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18462

1. Corporation Name
THE MURRAY FOUNDATION, INC.

Principal Place of Business Mailing Address

% PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301-2636
US

C/O JP MORGAN SERVICES INC
P. O. BOX 6089
NEWARK DE 19714-6089
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

FILED

99 DEC 13 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 12/29/1986

5. FEI Number 13-3421590

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Ad. fee and 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D	HOSEA, ELIZABETH	WINDY HILL FARM, 711 CHERRY VALL	PRINCETON NJ
CD	MURRAY, JOHN P.-J- MURRAY, JOHN P JR	202 S BEACH RD	HOBE SOUND FL
-M- D	MURRAY, JAMES-M MURRAY, ROBERT S	280 RIDGEVIEW RD RR 4 BOX 1046	PRINCETON NJ PLYMOUTH NH
VTB PD	MURRAY, JOHN P III	420 E 80TH STREET #12G	NEW YORK NY
D	KELSEY, ELLEN	10 SPRING HOUSE RD- 24 OAKLEY LANE	GREENWICH CT
D	MURRAY, MARY T.	202 S. BEACH RD.	HOBE SOUND FL

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. 300003077453-0

City -12/21/99--01098--021
*****61.25 State *****61.25
FL

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.

Signature of Registered Agent Judith S. Blancett, as agent 11-1-99

REGISTERED AGENT MUST SIGN

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: *John P. Murray* 10-16-99 212-684-2901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2504 (6/99)

Attachment to Application for Reinstatement
The Murray Foundation Inc.
FEI Number: 13-3421590
Addition to Box 7

Title	Name of Officer	Street Address	City/State/Zip
SD	MURRAY, MATTHEW T.	4230 S.E. KUBIN AVENUE	STUART, FL