

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003358

1. Corporation Name

MURCHISON TERRACE RESIDENT ASSOCIATION

Principal Place of Business

Mailing Address

SAME

3527 North Wilts Circle  
Orlando, Florida 32805

FILED

98 MAY -4 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300002519573--3

-05/12/98--01016--020

\*\*\*\*307.50 \*\*\*\*307.50

REINSTATEMENT 96-98

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

7/12/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3324193

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Susie Phillips	3316 South Wilts Circle	Orlando, FL 32805
VP	William Bruce Morgan	1513 E. Wilts Circle	Orlando, FL 32805
Sec	Patricia McDuffie	3436 S. Wilts Circle	Orlando, FL 32805
Tr	Josephine Gunn	3436 S. Wilts Circle	Orlando, FL 32805
Dir	Ann William	3328 S. Wilts Circle	Orlando, FL 32805
Dir	Nellie Battle	3414 S. Wilts Circle	Orlando, FL 32805

8. Name and Address of Current Registered Agent

Susie Phillips  
3527 North Wilts Circle  
Orlando, Florida 32805

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

300002519573--3

City

-05/12/98--01016--021

\*\*\*\*\*51.25

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

*Susie Phillips*

REGISTERED AGENT MUST SIGN

Date 10/8/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Susie Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Susie Phillips

10/8/97 (407) 292-2011  
Date Daytime Phone #

CR20040 (12/96)