

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

01 DEC 20 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023642

1. Corporation Name

MURPHY BED ROOM DESIGNS, INC,

Principal Place of Business

Mailing Address

2033 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

2033 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

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

03/08/2000

5. FEI Number

050987980

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	CLARK, RALPH L	2033 HOLLYWOOD BOULEVARD	HOLLYWOOD FL 33020

100004744761-9
-12/31/01--01049--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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 By:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

Date

12/7/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-5-01 954-921-1133