

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 2: 26

DOCUMENT # P00000072759

1. Corporation Name

MURPHY MORTGAGES, INC.

Principal Place of Business

Mailing Address

10 CASEY LANE BHR
OKEECHOBEE FL 34974

10 CASEY LANE BHR
OKEECHOBEE FL 34974

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

600 S. PARROTT AVE

600 S. PARROTT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2000

5. FEI Number

59-366 0027

App. 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
P	JEAN A. MURPHY	13 CASEY LANE BHR	Okeechobee FL 34974
V	R. ANN MURPHY	12C CASEY LANE BHR	Okeechobee FL 34974
V	EUGENE R. MURPHY	12C CASEY LANE BHR	Okeechobee FL 34974
S-T	MICHAEL A. LAWRENCE	13 CASEY LANE BHR	Okeechobee FL 34974
			600004670716--6 -11/07/01--01040--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCNAMEE, ALFRED A
605 WEST SOUTH PARK STREET
SUITE 204
OKEECHOBEE FL 34972-4173

9. Name and Address of New Registered Agent

Name
ALFRED A. MCNAMEE
Street Address (P.O. Box Number is Not Acceptable)
1564 NW AMHERST DR.
Suite, Apt. #, Etc.
City
PORT ST. LUCIE
State
FL
Zip Code
34986

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-16-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 (863) 467-4409
Date Daytime Phone #