

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

02 DEC 11 PM 2:37

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000071647**

1. Corporation Name  
**MURRAY'S COVERS INC.**

Principal Place of Business 15839 US 301 DADE CITY FL 33523	Mailing Address 15839 US 301 DADE CITY FL 33523
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*[Handwritten Signature]*

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		4. Date Incorporated or Qualified To Do Business in Florida <b>07/15/2001</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3789173</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres	MURRAY EDWARDS	15839 US-301	Dade City, FL 33523
V-Pres	MURRAY EDWARDS	15839 US-301	Dade City, FL 33523
Secy	MURRAY EDWARDS	15839 US-301	Dade City, FL 33523
Treas	MURRAY EDWARDS	15839 US-301	Dade City, FL 33523
500009474945 12/11/02--01062--014 **750.00			

8. Name and Address of Current Registered Agent

~~RUSSELL, G H JR~~  
~~9300 OLD PASCO ROAD~~  
~~WESLEY CHAPEL FL 33544~~ **Delete**

9. Name and Address of New Registered Agent

Name **MURRAY EDWARDS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15839 US-301**  
 Suite, Apt. #, Etc.  
 City **Dade City** State **FL** Zip Code **33523**

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. or 617.0505, F.S.

Signature of Registered Agent *[Handwritten Signature]*  
**MURRAY EDWARDS** REGISTERED AGENT MUST SIGN

Date **12-4-2002**

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: *[Handwritten Signature]* **12-4-2002** (352) 521-6665  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MURRAY EDWARDS President** Date Daytime Phone #

CR2E040 (8/02)