PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				DEPAR Secretar sion of c	y of S			FILED SECRETARY OF DIVISION OF CORI 09 AUG -5 AI	FSTATE PORATIONS	
DOCUMENT # P01000085147 1. Corporation Name MURPHY CONSULTING SERVICES GROUP, IN								PINCTATEMENT 67-69 8/6/09 000159273610 08/05/0901026007 **450.00			
2. Principal Office Address - No P.O. Box # 3. Mailing Of 1250 E. HALLANDALE BEACH 1250 E. H					iffice Address ALLANDALE BEACH BL			CR2E081 (12/08)			
Suite, Apt. #, etc. Suite, Apt. #, 6 907 907					etc.			Date Incorporated or Qualified To Do Business In Florida AUGUST 28, 2001			
City & State HALLANDALE BEACH City & State HALLAND					DALE BEACH			5. FEI Numbe 65114189	Number Applied For		
Zip 33009	`			Zip 33009	i '		try	6. CERTIFICATE		Additional Fee require a Certificate of Status	
7. Name and Address of Current Registered Agent											
Name PATRICIA DRESSLER							☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not				
Street Address (P.O. Box Number is Not Acceptable) 1250 E. HALLANDALE BEACH BLVD.											
Sulte, Apt. #, Etc. 907							received and requesting the reinstatement fee be waived.				
City HALLANDALE BEACH						State FL	Zip Code 33009				
8. I, being	appointed the	registen	ed agent of the a	bove named corpo	oration, am i	familiar	with and accept the o	bligations of section	on 607.0505 or 617.0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN						SIGN		Date JULY 24, 2009			
9. Names	and Street Ad	kdresses	of Each Officer a	ind/or Director (Fig	orida nonpro	ofit corpo	orations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip		
PSTD	PATRICIA DRESSLER				1250 E HALLANDALE BEA			ACH BLVD	CH BLVD HALLANDALE, FL. 33009		
DVP	DANIEL GIL'ADI				1250 E HALLANDALE BEA			ACH BLVD	HALLANDALE, FL. 33009		
DM	MAIA GIL'ADI				1250 E HALLANDALE BEA			ACH BLVD	CH BLVD HALLANDALE, FL. 33009		
DM	YAEL GIL'ADI				1250 E HALLANDALE BEA			ACH BLVD	HALLANDALE, FL. 33	3009	

10. 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 filling 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 ilsted on this form do not qualify for an exemption contained in Chapter 119, 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:

PATRICIA DIESSCEN JULY 24, 2009 954 4554402 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #