PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 AM 8:00

DOCUMENT # P02000126018

1. Corporation Name
MURRAY INSURANCE SERVICES, INC.

600032467606
04/12/04--01058--010 **300.00

REINSTATEMENT 03-04 MRD

2. Principal Office Address	3. Mailing Office Address
1149 SW 34th St	P.O. Box 367
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City	City & State: Palm City, FL
Zip: 34990 Country: USA	Zip: 34991 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 11-3665219 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SHANNON B. MURRAY

Street Address (P.O. Box Number is Not Acceptable): 10770 SE JUPITER NARROW DRIVE

Suite, Apt. #, Etc.:

City: Hobe Sound | State: FL | Zip Code: 33455

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 4/8/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	SHANNON B. MURRAY	10770 SE JUPITER NARROW DRIVE	Hobe Sound, FL 33455
V.P	VICKI MURRAY	10770 SE JUPITER NARROW DRIVE	Hobe Sound, FL 33455

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 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: _____ 4/8/04 772-287-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MURRAY
INSURANCE SERVICES, INC.

SINCE 1974

A COMPREHENSIVE INSURANCE SERVICES COMPANY:

- AUTO
- HOMEOWNERS
- BOAT
- LIFE
- HEALTH
- LONG-TERM CARE
- MEDICARE SUPPLEMENTS
- ANNUITIES
- BUSINESS PACKAGES
- WORKERS' COMP.
- GENERAL LIABILITY

April 8, 2004

Department of State
Division of Corporations
Po Box 6327
Tallahassee, Fl 32314-6327

Re: Murray Insurance Services, Inc.

Dear Sirs:

Enclosed please find a company check #2105 in the amount of $300.00 along with a corporation reinstatement form.

We did not receive a notice of the 2003 annual dues payment due to the fact that when the Attorney filed the corporation papers the mailing address was incorrect.

Your records showed the documents were return to your office, but no one notified us.

Please reinstate the corporation documents accordingly.

Sincerely,

Shannon B. Murray
President
Murray Insurance Services, Inc.

Independent Insurance Agent

Murray Insurance Services, Inc.
1149 S.W. 34th Street • P.O. Box 367 • Palm City, FL 34991 • 772.287.1411 Stuart • 772.283.0106 Fax
863.763.5551 Okeechobee