

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000025920

1. Entity Name
MURRAY CONSULTING, INCORPORATED



Principal Place of Business
12 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250

Mailing Address
3948 SOUTH 3RD STREET
SUITE #123
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112006

REIN-P

CR2E098 (11/05)

4. FEI Number
36-4115603

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, GLEN
12 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Glen Murray
Signature, typed or printed name of registered agent and, if applicable,

- PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

10/11/06
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
GLEN, MURRAY E
12 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900080875479
10/18/06--01041--022 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glen Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/06
Date

904-246-8775
Daytime Phone #

FILED

2006 OCT 16 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/20
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