

2004 FOR PROFIT CORPORATION REINSTATEMENT

182 5/3/04 91065019*150.00

DOCUMENT # P03000032007			
1. Entity Name CM MURPHY BED & INTERIORS, INC.			
Principal Place of Business 2033 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		Mailing Address 2033 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 29 AM 8:00



10252004 REIN-P CR2E098 (6/04) MRS

4. FEI Number 11-3682282	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURRELL, LYN L 2033 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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REINSTATEMENT 04

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 *Lyn L Burrell* 10-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURRELL, LYN L 2033 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROBERT E. BURRELL 2033 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11/02/04--01018--020 **8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Lyn L Burrell* 10-23-04 954-921-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2072

CM MURPHY BED & INTERIORS, INC.

October 23 2004

State of Florida
Division of Corporations
Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Ms. Ruby Dunlap

RE: Reinstatement of Corporation
P03000032007

Dear Ms. Dunlap:

As per my discussion with you, I am submitting a Reinstatement form for CM Murphy Bed and Interiors, Inc.

I did not receive your notice stating that I needed to fill in an area of the Annual Corporation form with our FEI number. As your files show, and our bank records indicate, your department did receive our check Number #0091 dated April 30, 2004 in the amount of \$150.00. I am in possession of the canceled check. Therefore, I am requesting that the Reinstatement fee be waived.

Our FEI number is 11-3682282. Due to the confusion I am asking that I received a Certificate of Status and am enclosing my check in the amount of \$8.75.

Thank you for your help in this matter, and should you have any further questions please call me at 954-921-1133. I would appreciate notification as to when this situation will be corrected.

Most sincerely,


Lyn Burrell

Enclosures - 2 ie. Reinstatement completed form; check in the amount of \$8.75

2033 Hollywood Boulevard
Hollywood, Florida 33020

954-921-1133
FAX: 954*921-1119
DesignerLyn@aol.com