

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -5 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000157372

1. Corporation Name

Vincent Murphy, Inc.

2. Principal Office Address - No P.O. Box #
161 Lawn Avenue

Suite, Apt. #, etc

City & State
St. Augustine, FL

Zip Country
32084 USA

3. Mailing Office Address
161 Lawn Avenue

Suite, Apt. #, etc

City & State
St. Augustine, FL

Zip Country
32084 USA

800155463208
05/05/09--01039--018 **1050.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida 12/29/03

5. FEI Number 80-0097072 ☐ 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
Robert G. Boulay, CPA (c/o Swindell, Bohn, Durden & Phillips)

Street Address (P.O. Box Number is Not Acceptable)
3560 South Third Street

Suite, Apt. #, Etc.

City State Zip Code
Jacksonville Beach FL 32250

☐ 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 received and requesting the reinstatement fee be waived.

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 Robert G. Boulay, CPA

Date 4/23/09

REGISTERED AGENT MUST SIGN

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
D	Vincent Murphy	161 Lawn Avenue	St. Augustine, FL 32084

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8aw