

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **04000145781**

1. Corporation Name

Murr's Auto Body, Inc.

2. Principal Office Address - No P.O. Box #

61 W 2nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

61 W 2nd Street

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

Zip

32233

Country

US

Zip

32233

Country

US

7. Name and Address of Current Registered Agent

Name

John G. Murr

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

61 W 2nd Street

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

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

John G. Murr
REGISTERED AGENT MUST SIGN

Date **4/30/09**

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
P	John G. Murr	Atlantic Beach, FL 32233 61 W 2nd Street	Atlantic Beach FL 32233
		P75/11	

800155530118
05/06/09--01020--019 **1200.00

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

4/30/09

Daytime Phone #

FILED
09 MAY -6 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **06-09**
CR2E081 (12/08)