

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

07 SEP 26 AM 10:06

DOCUMENT # P05000117128

1. Corporation Name

LAZATHA MURPHY CONSTRUCTION INC

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

3403 AVENUE P

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip
34947

Country

SAINT LUCIE

3. Mailing Office Address

3403 AVENUE P

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip
34947

Country

SAINT LUCIE

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/2005

5. FEI Number

20-3542609

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
LAZATHA MURPHY

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

3403 AVENUE P

Suite, Apt. #, Etc.

City
FORT PIERCE

State

FL

Zip Code

34947

☒ 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

Lazatha Murphy

REGISTERED AGENT MUST SIGN

Date 09/19/2007

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	LAZATHA MURPHY	3403 AVENUE P	FORT PIERCE, FL 34947

REINSTATEMENT

06-07

B 10/2/07

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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

09/19/2007

Date

772-370-7920

Daytime Phone #