


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 JUN 28 AM 9:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PO6000077127</u>					
1. Corporation Name Murphy's Stucco Inc					
2. Principal Office Address - No P.O. Box # 2395 Ramsdale Dr SE Suite, Apt. #, etc.			3. Mailing Office Address 2395 Ramsdale Dr SE Suite, Apt. #, etc.		
City & State Palm Bay			City & State Palm Bay		
Zip 32909	Country USA	Zip 32909	Country USA		
7. Name and Address of Current Registered Agent Name Ivory J. Murphy Street Address (P.O. Box Number is Not Acceptable) 2395 Ramsdale Dr SE Suite, Apt. #, Etc. City Palm Bay				<input checked="" type="checkbox"/> 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.	
State FL Zip Code 32909					
4. Date Incorporated or Qualified To Do Business in Florida <u>06/02/2006</u>					
5. FEI Number <u>16-1762575</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
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 <u>Ivory Murphy</u> Date <u>2/22/10</u> 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	Ivory J Murphy	2395 Ramsdale Dr SE	Palm Bay, FL 32909		
D	Steven Murphy	2395 Ramsdale Dr SE	Palm Bay, FL 32909		
10. E-mail Address: _____ (To be used for future annual report notification)					
11. 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. I further certify, 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: <u>Ivory Murphy</u> <u>2/22/10</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					