

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000060389

Entity Name: JOHN MURNANE, INC.

FILED  
Oct 14, 2009  
Secretary of State

**Current Principal Place of Business:**

800 CYPRESS POINTE DRIVE EAST  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

800 CYPRESS POINTE DRIVE EAST  
APT. 102  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 65-0434204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAKLER, HUGH S.  
1636 SW 148TH TERR  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: HUGH S. CHAKLER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURNANE, JOHN J JR  
Address: 800 CYPRESS POINTE DRIVE EAST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete  
Name: CHAKLER, HUGH S  
Address: 1636 SW 148TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete  
Name: ROGERS, JOHN  
Address: 1020 PORT ORANGE COURT  
City-St-Zip: NAPLES, FL 34120

Title: D ( ) Delete  
Name: WALBERT, PATRICIA ANN  
Address: 2159 HARLANS RUN  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: MURNANCE, JOHN  
Address: 5733 DEAUVILLE CIRCLE APT G304  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: MURNANCE, GERALDINE  
Address: 5733 DEAUVILLE CIRCLE G-304  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. MURNANE

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date