

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 16 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066057

1. Corporation Name

MURPHY'S LAW, INC.

Principal Place of Business

2977 MCFARLAND RD
COCONUT GROVE
MIAMI FL 33133
US

Mailing Address

2977 MCFARLANE ROAD
COCONUT GROVE
MIAMI FL 33133
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3201122

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SINCLAIR, LAUGHLIN MR.	19801 E COUNTRY CLUB DRIVE, #208	AVENTURA FL 33180
DP	SINCLAIR, LESLIE	19801 E COUNTRY CLUB DRIVE, #208	AVENTURA FL 33180
DVT	MALAUGH, CAROLINE MS.	19801 E COUNTRY CLUB DRIVE #208	AVENTURA FL 33180
DS	SINCLAIR, RAPHAEL	19801 E COUNTRY CLUB DRIVE #208	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

SINCLAIR, LESLIE
2977 MCFARLANE RD
COCONUT GROVE
MIAMI FL 32829

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-12-00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 #

C. MALAUGH 305 458 5173

CR2E040 (8/00)