

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000070277

1. Corporation Name

MURRAY-NORMAN CONSTRUCTION, INC.

Principal Place of Business

936 COSMOS CT  
WELLINGTON FL 33414  
US

Mailing Address

936 COSMOS CT  
WELLINGTON FL 33414  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/1993

5. FEI Number

65-0441134

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MURRAY, MATTHEW J	936 COSMOS CT	WELLINGTON FL
D	NORMAN, GREGORY E	936 COSMOS CT	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

MURRAY, MATTHEW R  
936 COSMOS CT  
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name  
MURRAY, MATTHEW J  
Street Address (P.O. Box Number is Not Acceptable)  
936 COSMOS CT  
Suite, Apt. #, Etc.  
City  
Wellington  
State  
FL  
Zip Code  
33414

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

11/08/01

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

MATTHEW J MURRAY

Date

11/08/01

Daytime Phone #

661-793-1555

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REINSTATEMENT 01

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