

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

FILED

1996 DEC 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034104

1. Corporation Name

J. MURPHY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2221 Lee Road, Suite 24
Winter Park, FL 32789

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

2105 Howell Branch Road

Suite, Apt. #, etc.
Clubhouse

City & State

Maitland, FL

Zip

32751

Country

USA

3. New Mailing Address, if Applicable

2105 Howell Branch Road

Suite, Apt. #, etc.
Clubhouse

City & State

Maitland, FL

Zip

32751

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/94

5. FEI Number

59-3244096

Approved For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P,D	John J. Murphy	2105 Howell Branch Road Clubhouse	Maitland, FL 32751

100002044741--2
-01/03/97-01110--001
***\$75.00 ***\$75.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

John J. Murphy
Clubhouse
2105 Howell Branch Road
Maitland, FL 32751

9. Name and Address of New Registered Agent

Name
Thomas V. Infantino
Street Address (P.O. Box Number is Not Acceptable)
180 S. Knowles Avenue
Suite, Apt. #, Etc.
Suite 7
City
Winter Park
State
FL
Zip Code
32789

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 12/23/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 of 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., and that all fees owed by the corporation have been paid. 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:

12-23-96