

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 12, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P94000049729**

**1. Corporation Name**

**Murphy Fern & Foliage, Inc.**

000030509290  
03/16/04--01037--028 \*\*908.75

**2. Principal Office Address**

**4833 SR 11**

Suite, Apt. #, etc.

City & State

**DeLeon Springs, FL**

Zip

**32130**

Country

**Volusia**

**3. Mailing Office Address**

**PO Box 1842**

Suite, Apt. #, etc.

City & State

**DeLeon Springs, FL**

Zip

**32130**

Country

**Volusia**

**REINSTATEMENT B-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**July 5, 1994**

**5. FEI Number**

**59-3262272**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Michael W. Murphy**

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

**4833 SR 11**

Suite, Apt. #, Etc.

City

**DeLeon Springs**

State

**FL**

Zip Code

**32130**

**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

REGISTERED AGENT MUST SIGN

Date **3-11-04**

**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
President	Michael W. Murphy	4833 SR 11	DeLeon Springs FL 32130

**10. 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:**

**Michael W. Murphy** **3-11-04** **386 2901001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)