

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC -6 AM 11: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000009705**

1. Corporation Name

MURPHY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

8315 ESCALIBUR CIRCLE
P-12
NAPLES FL 33963

8315 ESCALIBUR CIRCLE
P-12
NAPLES FL 33963

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

778 AMAZON CT

P.O. Box 634

Suite, Apt. #, etc.
MARCO ISLAND

Suite, Apt. #, etc.
MARCO ISLAND

City & State
FLORIDA

City & State
FLORIDA

Zip
34145 Country **USA**

Zip
34146 Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1995

5. FEI Number

65-0552426

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MURPHY, PAULINE	8315 ESCALIBUR CIRCLE P-12	NAPLES FL 33963
		778 AMAZON CT	MARCO ISLAND
			FL 34145
			900002025219--4
			-12/10/96--01151--019
			***\$375.00 ***\$375.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, PAULINE
8315 ESCALIBUR CIRCLE
P-12
NAPLES FL 33963

Name **MURPHY PAULINE**
Street Address (P.O. Box Number is Not Acceptable)
778 AMAZON CT
Suite, Apt. #, Etc.
City **MARCO ISLAND** State **FL** Zip Code **34145**

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

Pauline Murphy
REGISTERED AGENT MUST SIGN

Date **10-08-96**

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 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:

PAULINE MURPHY
Pauline Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-08-96 941-642145