

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

99 JAN -4 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029778

1. Corporation Name

MURDOCK CIRCLE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2325 ULMERTON ROAD
CLEARWATER FL 34622

2325 ULMERTON ROAD
CLEARWATER FL 34622

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

04/04/1996

5. FEI Number

59-3371023

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	BULLARD, FRED B JR.	2325 ULMERTON ROAD	CLEARWATER FL 34622

6000002730636 8
-01/05/93--01068--010
****900.00 ****900.00

BR 1/4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NO ORANGE AVENUE
STE 1100
ORLANDO FL 32801

Name

GREGORY D MORRIS

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

2325 ULMERTON RD

Suite, Apt. #, Etc.

STE SUITE 20

City

CLEARWATER

State

FL

Zip Code

33762

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

[Signature] **NATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12/29/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature] **NATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/98
Date

727-576-6424
Daytime Phone #

CR2E040 (9/98)