

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -6 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000039640**

1. Corporation Name

MURTON INVESTMENTS, INC.

2. Principal Office Address

7240 SUNSET DR

Suite, Apt. #, etc.

3. Mailing Office Address

10330 SW 59 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

USA

Zip

33156

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05-03-1996

5. FEI Number

105-0693914

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

JAMES C. MURTON

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

10330 SW 59 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/2/06

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
PSTD	JAMES C. MURTON	10330 SW 59 AVE	MIAMI, FL 33156

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/06 305 661-7383

Daytime Phone #