	PLEASE READ	ALL INST	RUCTIONS B	EFORE	COMPLET				
FOR			DA DEPARTMENT OF STATE Sim.Smith Secretary of State DIVISION OF CORPORATIONS		E	FILE			
■ Head Instructions on Other Side Before Making Entries					98 MAR -9 AM II: 09				
Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT # 1					2. If Address address be	in Back	RETARYCIDFOR	MAY Tenter the	correct
1	MURPHY'S GREENHOUSE & N 11906 V.C. JOHNSON ROAL)	INC.	שווין ל	Address		WWOOFF! L		
JACKSONVILLE, FL 32218					City and State				
					If Principle Office Address is different from mailing address, enter address below: Address				
REINSTATEMENT					City and State Zip Code				
To Do Business In Florida 9-23-96 59		5. FEI Numb		F	El Number Applied	For		8.75 Additional Fee require for a Certificate of Status	
		59-3403909						CERTIFICATE OF STATUS DESIRED	
7. Names a Title(s)	(s) and/or Directors Olii				ust list at least 3 directors) ress of Each flor Director Office Box Numbers) City / State / Zip				
P/D	JASON E. MURPHY 11906 V.C.			Johnson Road Jacksonville, Florida 32			2218		
DAVID W. MURPHY 1190			11906 V.C.	Jacksonvil			sonville,	Florida 3	2218
					1	00	002452 -03/10/98- *****900,00	<u>:01030=-0L</u>	
	REGISTERED AGENT INF	ORMATION	Fig. 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	9. Name	If change	d, new re	gistered agent / office	9	
41.13	8. Name and Address of Current F	egistored Agen	l		(Do NOT Han D.O.	Doy No.			(26)
David W. Murphy 11906 V.C. Johnson Road				Street Address (Do NOT Use P.O. Box Number)					
Jacksonville, Florida 32218				City State Zip					
10. I, being appointed the registered agent of the above named corporation, am familiar with					obligations of Sect	on 607 0	FL.		
Signature of Registered	Anon Day Day M	unph	ENT MUST SIGN			Date	1.9.9	}8 	
11. lf t	his corporation is a non-p	rofit with I	.R.S. 501(c)(3) tax exe	mpt status,	check	this box	(See other s additional info	
12. Do De	es this corporation pay a pt. of Revenue under S.	ny intang 199.032,	ible tax to the Florida Statut	es. Ye	s 🗌 No [de for information ngible tax.)	
this rein	that I am an officer or director or the reco statement application the reason for diss- yed by the corporation have been paid. That ath.	olution has bee	n eliminated, the corpor	rate name satis	sties the requireme	nts of sec	ction 607,0401 or 61	7.0401. F.S., and	that all
Signature o Officer or D	irector DAVID W. MURPHY,	ZI DIRECTOR	2/ Date	8	Da	ytime Pho	one #		