PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P97000012311 **DOCUMENT #**

1. Corporation Name

THE PRINCE MURAT CORPORATION, INC.

Principal Place of Business

Mailing Address

2881 JEFFERSON ST MARIANNA FL 32446

PO BOX 138

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

MARIANNA FL 32447

FILED 00 OCT 26 AM 10: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA



If above a	ddresses are	incorrect in any way. line th	rough incorrect in	formation and enter	correction below.	REINS	TATEMENT	\cup	
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/06/1997			
Suite, Apt. #, etc. Suite, Apt. #				Box 6356		5. FEI Number	5. FEI Number Applied For Not Applicable 6. \$8.75 Additional Fee required		
			City & State	Dothan AL					
Zip Country			Zip 36 3	36302 USA			CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprofit corpora	ations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3			City / State / Zip		
PS	WILKINSON, THOMAS C			2881 JEFFERSON ST			MARIANNA FL 32446		
VPT	ELLIS, JAMES C			P O BOX 6356			DOTHAN AL 36302		
VPT	ELLIS, JAMES C			1130 APPIAN WY			DOTHAN AL 36302		
·- <u>-</u> ,						8000034654386 -11/16/0001008004 -****750.00 *****750.00			
	8. Nan	ne and Address of Curren	t Registered Age	ent		9. Name and	Address of New Registered Agent		
					Name				
WILKINSON, THOMAS C						7D O D. N. N	in blat Annatable)		
2881 JEFFERSON ST					Street Address (P.O. Box Number is Not Acceptable)				
	NNA FL 32				Suite, Apt. #, Etc.				
					City State Zip Code FL				
10. I, being Signature o Registered	or \ S	ne registered agent of the al	011/1	oration, am familiar v	with and accept the	obligations of Sec	Date 10/24/	100	
thic role	netatement an	inlication, the reason for dis	solution has beer	n eliminated, the com	orate name satisfie	es the requirement	apter 607 or 617, F.S. I further ce s of section 607.0401 or 617.0401 nder section 119.07(3)(i), F.S. The	, F.S., that all lees	