

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P97000053225

1. Corporation Name

RICK MURPHY, INC.

Principal Place of Business

321 TRADE WIND LANE
ST. AUGUSTINE FL 32084

Mailing Address

321 TRADE WIND LANE
ST. AUGUSTINE FL 32084

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

06/16/1997

5. FEI Number

59-3453824

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	4 City / State / Zip
D	MURPHY, RICK	321 TRADE WIND LANE	ST. AUGUSTINE FL 32084

000008730980

11/04/02-01094-030 \$150.00

Amul

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, RICK
321 TRADE WIND LANE
ST. AUGUSTINE FL 32084

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

10/30/02

Date

X 904-471-2950

Daytime Phone #

CR2E040 (8/02)

RICK MURPHY, INC.
321 TRADE WIND LANE
ST. AUGUSTINE, FL 32084

October 31, 2002

Florida Dept of State
Annual Report/reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

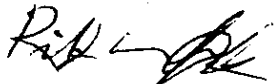
Dear Sir:

Enclosed is the Company's 2002 Annual Report and a payment of \$150.00 for the annual fee.

I did not receive the initial annual report which was to be paid prior to May 1, 2002. I request that the FL Dept. of State accept this late filing and payment.

Thank you for your consideration in this matter.

Sincerely,



Rick Murphy, President