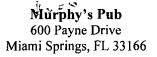
	PLEASE READ ALL IN	ISTRUCTIONS	BEFORE CO	OMPLETI	NG THIS FORM.	NO
API	PLICATION FLO	RIDA DEPARTMEI Katherine Ha	arris		APPROVED AND EILED	(M)
REIN	STATEMENT	Secretary of S DIVISION OF CORPO	. [\mathbf{C}
DOC	JMENT# P9900008	5792			00 NOV -9 PM 3: 10	į
1. Corporation Name MURPHY'S PUB, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
NURP	THY 5 PUB, INC.				IALLAI II 10022	
Principal Place of Business Mailing Address] [60][88] []	:	AIN a N a i Nai
MIAMI SPI	AL DIALE	SPRINGS FL 33166				171 7 1707 1 07 1
If above a	addresses are incorrect in any way, line through incor	rect information and enter	correction below.			oplied For
		Mailing Office Address, If		Date Incorporate To Do Busin	orated or Qualified ess in Florida 09/28/1999	
Suite, Apt.		pt. #, etc.		5. FEI Number	01. V. 139 A	oplied For
City & Stat		em / Spri	295 Y	6.	\$8.75 Additiona	
<u> </u>	and Street Addresses of Each Officer and/or Directo	<u> </u>	3/66		OF STATUS DESIRED for a Certifica	le of Status
Title(s)	Name of Officers and/or Directors	Str	reet Address of Each fficer and/or Director		City / State / Zip	
PD	COONS, CAROLE	710 SE 1ST STREET			HIALEAH FL 33018	
VD	COONS, ROBERT	585 CURTIS PA	585 CURTIS PARKWAY		MIAMI SPRINGS FL 33166	
			· ·	8000034931685 -12/11/0001030024 ****150.00 ****150.00		
					MM	
	8. Name and Address of Current Registere	d Agent		Q. Name and A	Address of New Registered Agent	
	6. Name and Address of Current registers	u Agent	Name	ohe o	m: Zrika	(8/00/)
ZALKA, STEPHEN CPA Street Address (1 10729 SW 104TH STREET MIAMI FE 33176 Suite, Apt. #, Etc.				O. Box Number	is Not Acceptable 945 PC	CR2E040 (8/00)
			City	1000	State Zip Code	076
10. I, bein	g appointed the registered agen of the above named	corporation, are familiar w		ligations of Secti	on 607.0505, F.S.	
Signature Registered		SAGENT MUST SIGN			Date 10-23-6	
this rei owed b	y that I am an officer or director or the receiver or trus instatement application, the reason for dissolution has by the corporation have been paid and the names of application is true and accurate, and my signature si	s been eliminated, the corp individuals listed on this fo	orate name satisfies t irm do not qualify for a	the requirements an exemption un	of section 607.0401 or 617.0401, F.S., the	atalitees
SIGNA	TURE: AND TOPE OF THE PERSON) A COLUMN TO THE OF T		0015	10-23-00 574 Date Daytime Phone	5-1780.
SIGNA	TURE:	E OF SIGNING OFFICER OR		0015	Date Daytime Phone	#



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Ref: FEI #65-0968439

To Whom It May Concern:

We are being charged \$600.00 in penalty charges on the application for reinstatement due to failure to apply by the deadline.

The reason why we failed to pay by the deadline was because we did not receive the bill on time as our Registered Agent has moved and never received the original form and also the mailing address is incorrect. The first and only notification we received was on October 23, 2000. As soon as I received it, I sent it to my accountant and he explained to me what was going on.

Now I am writing this letter to request the penalty charges to be removed from my account. Also attached with this letter is the application for reinstatement and a check in the amount of \$150.00.

If you have any questions please don't hesitate to call me @ (305) 884-1880 Thank you for your time and cooperation.

Sincerely,

Carole Coons