

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Edal

DOCUMENT # P99000085792

1. Corporation Name

MURPHY'S PUB, INC.

00 NOV -9 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~6030 PAYNE DRIVE~~
MIAMI SPRINGS FL 33166

~~6030 PAYNE DRIVE~~
MIAMI SPRINGS FL 33166



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0967439

Not Applicable

Zip

Country

Zip

Country

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|------------------------|
| 1 | 2 | 3 | 4 |
| PD | COONS, CAROLE | 710 SE 1ST STREET | HIALEAH FL 33018 |
| VD | COONS, ROBERT | 585 CURTIS PARKWAY | MIAMI SPRINGS FL 33166 |
| | | | 800003493168--5 |
| | | | -12/11/00--01030--024 |
| | | | ***150.00 ***150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZALKA, STEPHEN CPA
40729 SW 104TH STREET
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Parkland

FL

33076

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.

Signature of
Registered Agent

Date 10-23-00

REGISTERED AGENT MUST SIGN

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: *Carole Coons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-00 305-874-1880

CR2E040 (8/00)

Murphy's Pub
600 Payne Drive
Miami Springs, FL 33166

W. L. L.

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

Carole Coons