

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PH 1:58

DOCUMENT # P99000089726

1. Corporation Name

Mary L. Murray, Psy.D., P.A.

300065151493
02/03/06--01010--002 **1200.00

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

10575 68th Avenue No.

3. Mailing Office Address

10575 68th Avenue No.

Suite, Apt. #, etc.

Suite D3

Suite, Apt. #, etc.

Suite D3

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

U.S.A.

Zip

33772

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/99

5. FEE Number

59-3606711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Murray, Mary L.

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

10575 68th Avenue No.

Suite, Apt. #, Etc.

Suite D3

City

Seminole

State

FL

Zip Code

33772

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary L. Murray
REGISTERED AGENT MUST SIGN

Date 1-25-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Murray, Mary L.	10575 68th Avenue No. D3	Seminole, FL 33772

10. 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 contained in Chapter 119, 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:

Mary L. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

Date

727-391-3893

Daytime Phone #