

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 DEC 28 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000/05740**

1. Corporation Name

GO100 MURPHY'S, Inc.

2. Principal Office Address

499 N.W. 70TH AVE

Suite, Apt. #, etc.

SUITE 106

City & State

PLANTATION FL

Zip

33317

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2000-2001

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/99

5. FEI Number

65-0965401

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

STAN L. RISKIN

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

8000 PETERS RD

Suite, Apt. #, Etc.

A-200

City

PLANTATION

State

FL

Zip Code

33324

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

[Signature]

Date **12/24/01**

REGISTERED AGENT MUST SIGN

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
Pres/Sec/D	STEVE COHEN	179 NE. 2ND AVE	DEERFIELD BEACH FL 33441
V.P./D	STAN L. RISKIN	8000 PETERS RD STE A-200	PLANTATION FL 33324

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 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]* **STAN L. RISKIN** **12/24/01** **954-473-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAW OFFICES
STAN L. RISKIN, P.A.
8000 PETERS ROAD, SUITE A-200
PLANTATION, FLORIDA 33324

Telephone: 954-473-2200
Facsimile: 954-915-8900

STAN L. RISKIN
ATTORNEY AT LAW

December 26, 2001

Via Fedex
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Guido Murphy's, Inc. Reinstatement

Dear Ms./ Sir:

Please find enclosed the application for reinstatement of Guido Murphy's, Inc. along with my trust account check for \$ 908.75 to cover the reinstatement fee and certification fee. I am also enclosing a fedex letter and return bill so that the certification can be fedexed back to me as soon as possible. Time is of the essence, so please call me collect if any additional documentation is required

Yours truly,



Stan L. Riskin