

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S52330**

1. Corporation Name

MURPHY LAWN MAINTENANCE, INC.

Principal Place of Business

2878 DICKIE CT.
JACKSONVILLE FL 32216
US

Mailing Address

2878 DICKIE CT.
JACKSONVILLE FL 32216
US

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

05/14/1991

5. FEI Number

59-3066289

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MURPHY, JOSEPH T	2878 DICKIE CT.	JACKSONVILLE FL
S	MURPHY, SHARON	2878 DICKIE CT	JACKSONVILLE FL 32216

100023968761
10/21/03--01058--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, JOSEPH T
2742 SANDUSKY AVE E
JACKSONVILLE FL 32216

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

Joseph T. Murphy
REGISTERED AGENT MUST SIGN

Date **10/13/03**

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.

Sharon Murphy

SIGNATURE:

Sharon L. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (904) 642-8844

Date

Daytime Phone #

CR2E040 (7/03)

Sharon Murphy
2878 Dickie Ct.
Jacksonville, FL 32216
(904)642-8844

October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Murphy Lawn Maintenance, Inc.
FEI Number: 59-3066289

To Whom It May Concern:

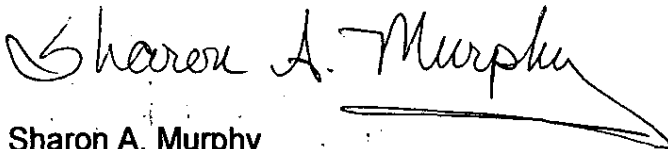
We are in receipt of your Notice of Administrative Dissolution or Revocation for the above referenced company.

We did not receive a Uniform Business Report (UBR) notice for Murphy Lawn Maintenance, Inc. Therefore, I am asking that the reinstatement fee be waived.

At the instruction of your customer service area I have enclosed the completed reinstatement form; along with a check for the filing fee in the amount of \$150.00.

Thank you for your consideration in this matter.

Sincerely,



Sharon A. Murphy
Secretary, Murphy Lawn Maintenance, Inc.

Encl.