

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DOCUMENT # V23175

1. Corporation Name

MURPHY WALL BEDS, INC.

Principal Place of Business

1720 AIRPORT RD SOUTH
NAPLES FL 34112
US

Mailing Address

1720 AIRPORT RD. SOUTH
NAPLES FL 33942
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

501 GOODLETTE RD

Suite, Apt. #, etc.

B-204

City & State

NAPLES FL

Zip

34102

Country

COLLIER

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1992

5. FEI Number

65-0319538

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	ROBISON, PHILIP D.	6979 MAUNA LOA LANE	NAPLES FL

8. Name and Address of Current Registered Agent

REEVES, WANDA L
501 GOODLETTE ROAD
SUITE B204
NAPLES FL 33940

9. Name and Address of New Registered Agent

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

SIGNATURE

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 239-572-4994

10/17/03

PLEASE NOTE,

THIS IS THE FIRST NOTICE I'VE RECEIVED
THIS YEAR FOR MY ANNUAL CORP. REPORT.
I NEVER RECEIVED AN ORIGINAL REPORT.

THEREFOR PLEASE APPLY MY \$150.00
ANNUAL FEE TOWARDS MY ORIGINAL REPORT.

THANK YOU,
Phil Rabusin Pres.
MURPHY WALL BEDS INC.
