

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068274

1. Corporation Name

Gaelic Pub Development, Inc.

Principal Place of Business

Mailing Address

17 S. FORT LAUDERDALE BEACH BLVD
FORT LAUDERDALE FL 33316

17 S. FORT LAUDERDALE BEACH BLVD
FORT LAUDERDALE FL 33316



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

08/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0871353

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MD	CRAIG, ALAN D	812 S.W. 2ND COURT	FORT LAUDERDALE FL 33312
PD	GRIFFITH, CHRISTINA	9 CAYUGA ROAD	SEA RANCH LAKES FL 33308
VD	MCAULEY, JOHN	8835 NW 18TH STREET	CORAL SPRINGS FL 33071

000008703860
10/30/02 01102 001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFITH, CHRISTINA
9 CAYUGA ROAD
SEA RANCH LAKES FL 33308

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

Christina Griffith
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

Christina Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (954) 260 6552

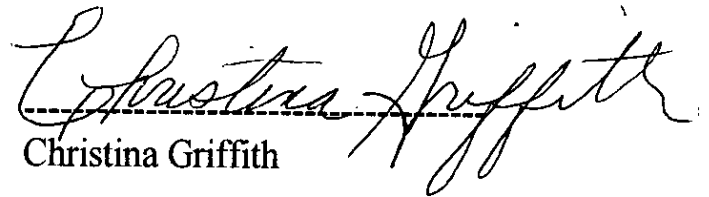
CR2ED40 (8/02)

10/29/02

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

I Christina Griffith have not recieved any uniform business report notices. Please reinstate and find my filing fee enclosed. Thank you so much for your time and efforts.

Very truly yours.


Christina Griffith