

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 15 AM 9 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # 639874

1. Corporation Name

KIRWAN ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

5870 STIRLING RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip Country

33021 USA

Zip Country

7. Name and Address of Current Registered Agent

Name
JOYCE H KIRWAN

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

5870 STIRLING RD.

Suite, Apt. #, etc.

City
HOLLYWOOD

State
FL

Zip Code
33021

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]
REGISTERED AGENT MUST SIGN

Date 2/11/13

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
DPT	JOYCE H KIRWAN	5870 STIRLING RD.	HOLLYWOOD, FL 33021
DVP	DANIEL M. KIRWAN	5870 STIRLING RD.	HOLLYWOOD, FL 33021
DS	DAVID L. KIRWAN, JR.	5870 STIRLING RD.	HOLLYWOOD, FL 33021

10. E-mail Address: MISS J2942 @ AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

[Signature]
JOYCE H. KIRWAN
President

2/11/13 (954) 961-6351
Date Daytime Phone #

[Handwritten initials] 2/15