

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 # F02000000649

1. Corporation Name

SHAMROCK ACQUISITION CORPORATION

Principal Place of Business

Mailing Address

280 OCEAN DRIVE EAST
STAMFORD CT 06902

280 OCEAN DRIVE EAST
STAMFORD CT 06902

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

2. New Principal Office Address, If Applicable

1501 LAKE AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 446

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

Clearwater, FL

Zip

33771

Country

Zip

33757

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2002

5. FEI Number

59-3735077

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
PCD	SHANAHAN, CARL	280 OCEAN DRIVE EAST	STAMFORD CT 06902
VD	SHANAHAN, CARL JR.	9176 SILVERTHORN ROAD	LARGO FL 33777

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 15
MIAMI FL 33156

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

REGISTERED AGENT MUST SIGN

Date

12/03/03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

727-585-6007

Daytime Phone # 04/109

CR2E040 (7/03)