

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JUL 16 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04000010161**

1. Corporation Name

Gaelic Heritage Preservation League, Inc.

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

1200 West Platt Street

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, Florida

Zip

33606

Country

Hillsborough

3. Mailing Office Address

1200 West Platt Street

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, Florida

Zip

33606

Country

Hillsborough

600106209086

07/16/07--01071--017 **358.75

REINSTATEMENT

CR2E081 (107)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2004

5. FEI Number

27-0113714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas K. Morrison

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

1200 West Platt Street

Suite, Apt. #, Etc.

Suite 100

City

Tampa

State

FL

Zip Code

33606

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Thomas K. Morrison

REGISTERED AGENT MUST SIGN

Date **7-10-07**

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
P	Thomas K. Morrison	(Ste. 100) 1200 West Platt Street	Tampa, FL 33606

10. 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 contained in Chapter 119, 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:

Thomas K. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-10-07 / 813-258-3311
Daytime Phone #