

FILED
Aug 03, 2005 08:00 AM
Secretary of State

1. Entity Name
IRISH INSTITUTE, INC.



Mailing Address
1939 WEST COPANS ROAD
POMPANO BEACH, FL 33064

4. FBI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

WALSHE, MICHAEL
650 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

TITLE	D
NAME	O'DWYER, RORY
STREET ADDRESS	5610 NORTHWEST 12TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	D
NAME	WALSHE, MICHAEL
STREET ADDRESS	632 SOUTH MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442

TITLE	D
NAME	HYNES, SHEILA
STREET ADDRESS	650 EAST SAMPLE ROAD
CITY - ST - ZIP	POMPANO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that: the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Drilling Phone 12