2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000128019

1. Entity Name
IRISH SURF CULTURE, INC.

FILED
05 JAN 11 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05 WOP

Principal Place of Business	Mailing Address
13500 SUTTON PARK DRIVE SOUTH SUITE 801 JACKSONVILLE, FL 32224	13500 SUTTON PARK DRIVE SOUTH SUITE 801 JACKSONVILLE, FL 32224

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2121653 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, SHAUN A 13500 SUTTON PARK DRIVE SOUTH SUITE 801 JACKSONVILLE, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, SHAUN A 41 FAIRWAY LANE JACKSONVILLE BEACH, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Murphy, Shaun 41 Fairway Lane Jacksonville Beach, FL. 32258	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOTEN, CHRISTOPHER A M 525 BIRCH STREET NEPTUNE BEACH, FL 32266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wooten, Chris 525 Birch Street Neptune Beach, FL. 32266	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400044502[illegible] Change 01/11/05--01019--005 **300.00	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____ 1/7/05 904-424-7204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #