

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000130015

1. Corporation Name

SHAMROCK PUBLISHING, INC.

2. Principal Office Address

7116 GULF BLVD.

3. Mailing Office Address

7116 GULF BLVD.

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

Zip

33706

Country

USA

Zip

33706

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-09-02

5. FEI Number

75-3117952

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

TERRANCE P. MCNAMARA, ESQ.

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

7116 GULF BLVD.

Suite, Apt. #, Etc.

SUITE E

City

ST. PETE BEACH

State

FL

Zip Code

33706

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

Date 01/29/04

REGISTERED AGENT MUST SIGN

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
C,D,T	TERRANCE P. MCNAMARA	7116 GULF BLVD., SUITE E	ST. PETE BEACH, FL 33706

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 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

01/29/04

Date

727-363-4747

Daytime Phone #

TERRANCE P. MCNAMARA, CHAIRMAN, CEO, TREASURER

CR2E081 (10/02)

SHAMROCK PUBLISHING, INC.

**7116 Gulf Blvd., Suite E
St. Pete Beach, FL 33706
(727) 363-4747 Ph.
(727) 363-4848 Fax**

January 29, 2004

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32314

Re: Reinstatement of Shamrock Publishing, Inc.

Dear Department of State:

Attached please find a reinstatement form for Shamrock Publishing, Inc. together with a check in the amount of \$150.00. Please reinstate the corporation.

We hereby request that the Department waive the penalty reinstatement fee for the reason that the Uniform Business Report for 2003 was never received by the corporation.

Sincerely,



Terrance P. McNamara,
Chairman and CEO

TPM/bm