2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000006811

Entity Name: THE NEW IRISH PUB, INC.

4930 SW 28TH TERRACE

FT. LAUDERDALE, FL 33312

Address:

City-St-Zip:

FILED Feb 06, 2007 Secretary of State

Littly Nai	ile. THE NEV	IRIGIT FOD, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
11570 MANATEE BAY LANE WELLINGTON, FL 33467			20A	12794 W FOREST HILL BLVD 20A WELLINGTON, FL 33414	
Current M	ailing Addres:	s:	New Mailing Addre	New Mailing Address:	
11570 MANATEE BAY LANE WELLINGTON, FL 33467			12794 W FOREST HILL BLVD 20 A WELLINGTON, FL 33414		
FEI Number:	84-1665740	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JACKSON, COLIN R. 11570 MANATEE BAY LANE WELLINGTON, FL 33467 US				ROWAN, PAUL 5302 NW 49TH AVENUE TAMARAC, FL 33319 US	
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: PAUL ROWAN				02/06/2007	
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () JACKSON, COL 11570 MANATEI WELLINGTON, I	E BAY LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROWAN, PAUL 5302 SW 49TH A TAMARAC, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BAYLER, DONA 2119 NE 54TH C FT. LAUDERDAL	CT.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	D ()	Delete PH W	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAUL ROWAN PRES 02/06/2007