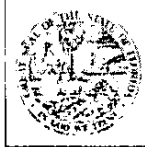


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000095470

1. Entity Name
THE IRISH TIMES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 22 AM 8:19

Principal Place of Business
5850 SUNSET DRIVE
MIAMI, FL 33143

Mailing Address
5850 SUNSET DRIVE
MIAMI, FL 33143

2. Principal Place of Business (Not Applicable) 3. Mailing Address

State, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Code Zip Code

09292008 REIN-P CR2E098 (1/07)

4. FEI Number 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

RYAN, DAVID P
2977 MCFARLANE ROAD
301
COCONUT GROVE, FL 33133

NAME
Street Address (P.O. Box, Apartment, etc. (Acceptable))

City State Zip Code FL Zip Code

8. The above named entity submits in this report for the purpose of changing its status to that of a corporation for both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

NAME P
HIGGINS, DAVID J
STREET ADDRESS 20412 NE 10TH COURT ROAD
CITY-STATE-ZIP MIAMI, FL 33179

TITLE VP
NAME RYAN, DAVID P
STREET ADDRESS 2977 MCFARLANE ROAD, SUITE 301
CITY-STATE-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

NAME
STREET ADDRESS
CITY-STATE-ZIP
12/22/08-01065-013 **150.00

TITLE VP
NAME RYAN, DAVID P.
STREET ADDRESS 250 CATALONIA AVE #804
CITY-STATE-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information furnished in this 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 registered agent thereof and that I am qualified to execute this report in accordance with the Florida Statutes and that my name appears in Block 10 or Block 11 if changed or in an attachment thereto.

SIGNATURE: X

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR REGISTERED AGENT

12/22/08