2008 FOR PROFIT CORPORATION REINSTATEMENT

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

DOCUMENT # P07000095470

1. Entity Name
THE IRISH TIMES, INC.

Principal Place of Business	Mailing Address
5850 SUNSET DRIVE MIAMI, FL 33143	5850 SUNSET DRIVE MIAMI, FL 33143

09292008 REIN-P CR2E098 (1/07)

2. Principal Place of Business (No P.O. Box)	3. Mailing Address
Suite, Apt. # (if any)	Suite, Apt. # (if any)
City & State	City & State
Zip / County	Zip

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 Number Only Not Acceptable) City **FL** Zip Code

8. The above named entity submits this document 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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/OR DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P ☐	☐ Change ☐ Addition
NAME	HIGGINS, DAVID J	000139211270
STREET ADDRESS	20412 NE 10TH COURT ROAD	12/22/08--01065--013 **150.00
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VP ☐ Delete	☐ Change ☐ Addition
NAME	RYAN, DAVID P	VP
STREET ADDRESS	2977 MCFARLANE ROAD, SUITE 301	RYAN, DAVID P.
CITY-ST-ZIP	COCONUT GROVE, FL 33133	250 CATALONIA Ave #804 Coral Gables FL 33134
TITLE	☐	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 in Block 10 or Block 11 if changed, or added, or an attached blank block if no change is made.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

12/22/08