Irish Oaks, Inc. 2. Principal Office Address 7. Stonegate Drive Suite, Apt. #, etc. B 4. Date Incorporated or Qualified To Do Business in Florida Sity & State Belleair, FL Clearwater, FL String Office Address 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0456098 Not Applied For			PLEASE READ	ALIGINSTRUCT	IONS BEFORE C	OMPLETI	ING THIS FORM		
Irish Oaks, Inc. 2. Principal Office Address 7. Stonegātē Drive 1550~S. Highland Avenue Suite, Apl. #, etc. B 4. Date incorporated or Qualified To Do Business in Floride 5. FEI Number 65-0456098 Applied For 100 Country 21p Country 33756 USA 7. Name and Address of Current Registered Agent Name Timothy K. Mariani Street Address (P.O. Box Number is Not Acceptable) 1550 S. Highland Avenue Suite, Apl. #, Etc. B 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1550 S. Highland Avenue Suite, Apl. #, Etc. B City Clearwater Clearwater Clearwater Timothy K. Mariani Street Address (P.O. Box Number is Not Acceptable) 1550 S. Highland Avenue Suite, Apl. #, Etc. B City Clearwater Clearwater Clearwater Clearwater Discrete Agent Street Address (P.O. Box Number is Not Acceptable) 1550 S. Discrete Agent Replication of the bove famed corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Lignature of Replication of Comparison must list at least 3 directors) Name of Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip City / State / Zip			12 mars 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Katherii Secretar	Katherine Harris Secretary of State		-		
This of the state	DOCUMENT # p93000088135 1. Corporation Name Irish Oaks, Inc.						SECRETARY OF TALLAHASSEE,	FSTATE FLORIDA	
To Do Business in Florida 5. FEI Number 65-0456098 Not Applied For 65-0456098 Not Applied For 65-0456098 Not Applied For 65-0456098 To Do Business in Florida 5. FEI Number 65-0456098 Not Applied For 65-0456098 Not Applied For 65-0456098 Not Applied For 65-0456098 Not Applied For 65-0456098 Not Applied For 65-0456098 7. Name and Address of Current Registered Agent Name	7 St	onegātē		1550~5. ніс	Highland Avenue				
Timothy K. Mariani Street Address (P.O. Box Number is Not Acceptable) 1550 S. Highland Avenue Suite, Apt. #, Etc. B City Clearwater C	B City & State City & State			B City & State			To Do Business in Florida 5. FEI Number Applied For		
7. Name and Address of Current Registered Agent Name Timothy K. Mariani Street Address (P.O. Box Number is Not Acceptable) 1550 S. Highland Avenue Suite, Apt. #, Etc. B City Clearwater City Clearwater Clearwater Registered Agent Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors City / State / Zip Date 1 / 6 / Officers and/or Directors City / State / Zip	lip .		Country Zip Country		Country	6. SETTIFICATE OF STATUS PEOPLE 38.75 Additional Fee required			
Registered Agent Water Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Directors City / State / Zip		Name							
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	Signature o	of /	muley K-	Travair	amiliar with and accept the ob	oligations of section	1/1/0	5. /	
Officers and/or Directors Officer and/or Director City / State / Zip	• Names	and Street A		d/or Director (Florida nonpro		ast 3 directors)	- 500	TOWN NO COLUMN TO THE PARTY OF	
Daniel M. Doyle 7 Stonegate Drive Belleair, FL 33756	Titles		Officers and/or Directors		Officer and/or Director		<u> </u>		
	D	Daniel	. M. Doyle	7 St	onegate Drive	e R IT ()	Belleair,	FL 33756	

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