

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 APR 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088135

1. Corporation Name

Irish Oaks, Inc.

REINSTATEMENT 03-06

2. Principal Office Address

7 Stonegate Drive

Suite, Apt. #, etc.

3. Mailing Office Address

11201 Danka Circle North

Suite, Apt. #, etc.

Suite #120

City & State

Belleair, FL

City & State

St. Petersburg, FL

Zip

33756

Country

USA

Zip

33716

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1993

5. FEI Number

65-0456098

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

Lisa Smithson

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

11201 Danka Circle North

Suite, Apt. #, Etc.

Suite #120

City

St. Petersburg

State

FL

Zip Code

33716

700073995567

05/04/06--01024--020 **\$60.00

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

REGISTERED AGENT MUST SIGN

Date

4/11/06

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
D	Daniel Doyle, Sr.	7 Stonegate Drive	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 contained in Chapter 119, 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-06

Daytime Phone #



Lisa Smithson & Company

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Certified Public Accountants and Business Advisors

Phone:
(727) 579-0383
Fax:
(727) 570-8934

Blue Heron Corporate Centre
11201 Danka Circle North
Suite 120
St. Petersburg, FL 33716

April 11, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

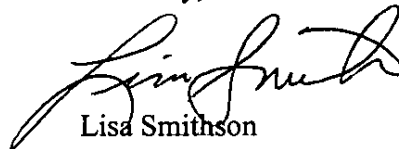
Re: Irish Oaks, Inc.
Document #P93000088135

Dear Filing Clerk:

Enclosed please find a Corporation Reinstatement form for Irish Oaks, Inc., along with the required \$600.00 filing fee. We are requesting that you please waive the \$600.00 reinstatement fee since we did not receive the annual report notice-2003.

If you have any questions please feel free to contact me at the number listed above.
Thank you.

Sincerely,



Lisa Smithson