

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 22 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Shawn's Irish Pub and Fish & Chips, Inc.

200004474662--4

-07/13/01--01063--017

***1200.00 ***1200.00

2. Principal Office Address

125 Harrison St.

Titusville, FL 32780

Suite, Apt. #, etc.

3. Mailing Office Address

~~same~~ P. O. Box 86

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip 32780

Country USA

Zip 32781

Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3400472

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

John Del G. Potter

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

308 E. Fifth Ave.

Suite, Apt. #, Etc.

City

Mt. Dora

State
FL

Zip Code
32757

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/15/01

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
P	Moira Kennedy	3071 Finsterwald Ave. P. O. Box 86 XXXXXX XXXXXX XXXXXX	Titusville, FL 32780
	1050.00 - Ann 6.25 - AR 88.75 - ARsup		
		98-01 78	
		REINSTATEMENT	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Moira Kennedy, President

May 1/01

Date

321-1264-0311

Daytime Phone #

CR2E081 (9/00)