

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101768

1. Corporation Name

Blarney Towers of Jacksonville, Inc.

2. Principal Office Address

10110 San Jose Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

12-12-1996

5. FEI Number

59-3454788

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
Theresa Marie Kenney, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Ford, Jeter, Bowlus, Duss, Morgan, Kenney & Safer, P.A.

Suite, Apt. #, Etc.
10110 San Jose Blvd.

City
Jacksonville

State
FL

Zip Code
32257

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

Theresa M. Kenney

REGISTERED AGENT MUST SIGN

Date 02-18-2003

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
PDS	Sean McElvaney	c/o Setanta House Hotel, Clane Road	Celbridge, Co. Kildare IRELAND
A. Scty	Theresa M. Kenney	10110 San Jose Blvd.	Jacksonville, FL 32257

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

Theresa M. Kenney Theresa M. Kenney

02-18-2003 904.268.7227

Date

Daytime Phone #

CR2E081 (10/02)