

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068274

1. Corporation Name

Gaelic Pub Development, Inc.

Principal Place of Business

17 S. FORT LAUDERDALE BEACH BLVD  
FORT LAUDERDALE FL 33316

Mailing Address

17 S. FORT LAUDERDALE BEACH BLVD  
FORT LAUDERDALE FL 33316



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1998

5. FEI Number

65-0871353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MD	CRAIG, ALAN D	812 S.W. 2ND COURT	FORT LAUDERDALE FL 33312
PD	GRIFFITH, CHRISTINA	9 CAYUGA ROAD	SEA RANCH LAKES FL 33308
VD	MCAULEY, JOHN	8835 NW 18TH STREET	CORAL SPRINGS FL 33071

000008703860  
10/30/02 01102 001 \*\*150.00

8. Name and Address of Current Registered Agent

GRIFFITH, CHRISTINA  
9 CAYUGA ROAD  
SEA RANCH LAKES FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Christina Griffith*  
REGISTERED AGENT MUST SIGN

Date

10/29/02

11. 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:

*Christina Griffith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (954)  
260  
6552

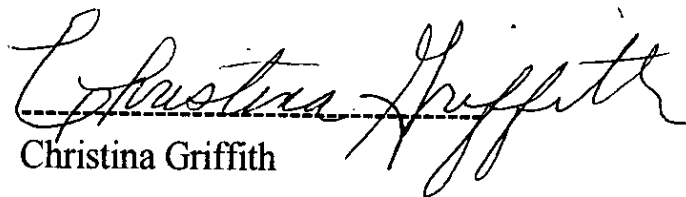
CR2ED40 (8/02)

10/29/02

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

I Christina Griffith have not recieved any uniform business report notices. Please reinstate and find my filing fee enclosed. Thank you so much for your time and efforts.

Very truly yours.

  
Christina Griffith