



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 4:35

DOCUMENT # ~~132028~~ P98 000088259

1. Corporation Name

IRISH PUBS OF AMERICA

600003196096--0
-04/04/00--01103--003
****300.00 ****300.00

2. Principal Office Address

72 SPANISH ST

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

Zip

32084

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-21-98

5. FEI Number

T59-3535365

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

MICHAEL ROWAN

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

72 SPANISH Street

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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 02-25-00

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. H. R.	John Rowan	4461 CHASEWOOD DR	JAY, FL 32235
P. H. R.	MICHAEL ROWAN	6026 SPANDETREE WAY	JAY FL 32236

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

MICHAEL ROWAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-06-00

Daytime Phone #