

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 AUG 20 AM 9:58																													
DOCUMENT # P99000018424																																	
1. Corporation Name T.J.'S Irish Pub, Inc. 12020-1 Ft. Caroline Rd. Jacksonville, FL 32225																																	
2. Principal Office Address 12020-1 Ft. Caroline Rd. Suite, Apt. #, etc.		3. Mailing Office Address 12020-1 Ft. Caroline Rd. Suite, Apt. #, etc.		500004560405--0 -08/28/01--01082--003 ****300.00 ****300.00																													
City & State Jacksonville, FL		City & State Jacksonville, FL		4. Date Incorporated or Qualified To Do Business in Florida 5/21/99																													
Zip 32225 Country USA		Zip 32225 Country USA		5. FEI Number 59-3577052 Applied For Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name Travis Jones																																	
Street Address (P.O. Box Number is Not Acceptable) 10051 Goshawk Dr., E.																																	
Suite, Apt. #, Etc.																																	
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 <i>X Travis Jones</i>				Date <i>X 8-15-2001</i>																													
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P/D</td><td>Travis Jones</td><td>10051 Goshawk Dr., E.</td><td>Jacksonville, FL 32257</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	Travis Jones	10051 Goshawk Dr., E.	Jacksonville, FL 32257																				
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P/D	Travis Jones	10051 Goshawk Dr., E.	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: <i>X Travis Jones</i>				Date <i>X 8-15-2001</i>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #																													

Haring & Bushnell, P.A.

Certified Public Accountants

3545-2 St. Johns Bluff Rd. S., Jacksonville, Florida 32224

Elizabeth H. Haring, CPA

Ellen G. Bushnell, CPA

904-565-9045

Fax: 904-565-1541

July 23, 2001

Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: T.J.'s Irish Pub, Inc.
59-3577052

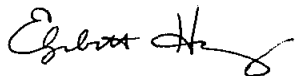
Enclosed is an executed Corporate Reinstatement form for the above referenced corporation. The entity did not receive the initial UBR form to remit its annual fee. Additionally, the registered agent is no longer a practicing attorney in Jacksonville and did not notify the corporation's president of this event. Hence, when the registered agent was contacted regarding the status of this corporation, it went unanswered without the knowledge of the corporation's president or any other representative. Additionally, the attorney was negligent in other filings with the Internal Revenue Service that we are currently rectifying as well.

Due to these circumstances, we request that the corporation be reinstated with the enclosed payment of \$300. Specifically this payment is for \$150 year 2000 and \$150 year 2001. The corporation's representatives are now educated as to their responsibility to your office and request abatement of any additional fees related to this request.

Please process the attached Power of Attorney form DR835 and contact me directly if there is any additional information we can provide to assist to rectify this situation.

Thank you for your time and considerations.

Respectfully submitted,



Elizabeth Haring
Certified Public Accountant

Enclosures