PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FÖR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000021304

1. Corporation Name

FULL SCHILLING (FLORIDA) INC.

Principal Place of Business

C/O GLENLION CLIFFS

OLD CARRICKBRACK ROAD HOWTH CO. DUBLIN IRELAND Mailing Address

C/O GLENLION CLIFFS
OLD CARRICKBRACK ROAD

HOWTH CO. DUBLIN IRELAND

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

2. New Principal Office Address, If Applicable
23 Mary Street Little
Suite, Apt. #, etc.

Attn: Padraig Wynne
City & State
Dublin 7

Zip

Country
Ireland

3. New Mailing Office Address, If Applicable
23 Mary Street Little
Suite, Apt. #, etc.

Attn: Padraig Wynne
City & State
Dublin 7

Zip

Country
Ireland

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

FILED.

01 JAN 23 PM 1: 44

SECRETARY OF STATE

TALLAHASSEE FLORIDA

98 - 0201349
6.
CERTIFICATE OF STATUS DESIRED □

\$8.75 Additional Fee required for a Certificate of Status

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip BEANN EADAIR 15 GREENFIELDS RD, SUTTON Moya Doherty Pres V.P./ ASHLAWN, BALLINTEER KD. Secy Padraig Wynne 249 MOYVILLE, RATHFARNHAM Treas Garrett McCarthy <u>700003623817</u> -02/02/01--01014--009 ****750.00 ****750.00 700003623817· -02/02/01--01014--010 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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

Suite, Apt. #, Etc.

City

State 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.

Signature of Registered Agent Lynette Coleman REGISTERED AGENT MUST SIGN AS Its agent

Date 1/23/0

1. 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:

SHANTURE	Riew.	TAW	INNE
IGNATURE AND TYPED OF PRINTED NAME	OF SIGNING OFFI	ICER OR DIRECTOR	

Date Davimo Pi

Daytime Phone #

CKZE040 (8/00)