
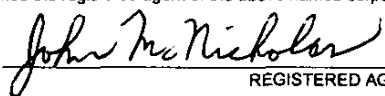
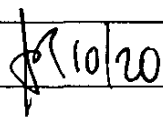



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT 16 PM 1:23 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000021304				
1. Corporation Name Full Schilling (Florida) Inc.				
2. Principal Office Address Glenlion Trust		3. Mailing Office Address Glenlion Trust		
Suite, Apt. #, etc. 23b Mary Street Little		Suite, Apt. #, etc. 23b Mary Street Little		
City & State Dublin 7, Dublin		City & State Dublin 7, Dublin		
Zip	Country Ireland OC	Zip	Country Ireland OC	
		4. Date Incorporated or Qualified To Do Business in Florida 03/08/1999		
		5. FEI Number 980201349	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name John McNicholas				
Street Address (P.O. Box Number is Not Acceptable) 160 Tahiti Street				
Suite, Apt. #, Etc.				
City Naples		State FL	Zip Code 34113	
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 		Date 06/30/06		
REGISTERED AGENT MUST SIGN				
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	Moya Doherty	Danes Hollow The Bailey Thormanby Road	Howth, Dublin, Ireland OC	
VP	Padraig Wynne	33 Ashlawn Ballinteer Road	Dublin 16, Ireland OC	
T	Garrett McCarthy	249 Moyville Rathfarmham	Dublin 16, Ireland OC	
 10/10/20				
900080885458 10/16/06--01059--006 **458.75				
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 contained in Chapter 119, 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: 		Date 7/14/06	Daytime Phone # 239-290-6040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

Full Schilling (Florida) Inc.
Glenlion Trust
23b Mary Street Little
Dublin 7, Ireland

July 1, 2006

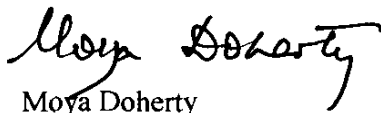
Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Secretary of State,

We did not receive the annual report notice. We hereby request a waiver of the reinstatement fee.

Enclosed please find the annual report fees and the supplemental fees for years 2004, 2005, 2006 plus the Certificate of Status fee for a total of \$ 458.75 .

Thank you for your assistance,



Moya Doherty
President