

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 28 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01755

1. Corporation Name

THE AMERICAN IRELAND FUND, INCORPORATED

Principal Place of Business

211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110

Mailing Address

211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~211 Congress St~~
~~Boston, MA~~

Suite, Apt. #, etc.

City & State

Zip ~~02110~~ Country ~~USA~~

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1984

5. FEI Number

25-1306992

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
PD	GLUCKSMAN, LORETTA <i>Loretta B. Glucksmann</i>	2 FIFTH AVENUE	NEW YORK NY 10011
S	O'MALLEY, SHEILA	575 MADISON AVE	NEW YORK NY 10022
VCD	ROONEY, DANIEL M	300 STADIUM CIRCLE	PITTSBURGH PA 15212
T	LYNCH, PETER S	82 DEVONSHIRE STREET	BOSTON MA 02109
EXD	AIKINS, KINGSLEY T	211 CONGRESS STREET	BOSTON MA 02110
CPD	O'REILLY, ANTHONY J DR.	454 MORGANZA RD	CANONSBURG PA 15317

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

~~300008636933~~
10/28/02--01120--013 **236.25

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

CAUTION: FOLLOWS REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 617-576-0720

CR2040 (8/02)