

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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02/18/04--01034--027 **122.50

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>NO2000008219</u> 1. Corporation Name <u>INTERFAITH COMMUNITY SERVICES, INC.</u>	
2. Principal Office Address <u>1615 FIRST ST</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>1615 FIRST ST</u> Suite, Apt. #, etc.
City & State <u>INDIAN ROCKS BEACH, FL</u>	City & State <u>INDIAN ROCKS BEACH, FL</u>
Zip <u>33785</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>10/24/02</u>	5. FEI Number <u>81-0602864</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75-Additional Fee required for Certificate of Status		

7. Name and Address of Current Registered Agent		
Name <u>CHERYL SMITH</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1722 CURRIE LN.,</u>		
Suite, Apt. #, Etc. <u>C-1</u>		
City <u>LARGO</u>	State <u>FL</u>	Zip Code <u>33774</u>

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 <u>Cheryl L. Smith</u>	Date <u>2/12/04</u>
REGISTERED AGENT MUST SIGN	

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
CD	FINEGAN, CHARLES	322 BELLE ISLE AVE	BELLEAIR BEACH, FL 33786
VCD	FETTL, BRUCE	1857 REDCOAT LN	CLEARWATER, FL 33771
STD	SMITH, CHERYL	1722 CURRIE LN., #C-1	LARGO, FL 33774
D	POND, CHARLES	2035 20TH AVE PKWY	INDIAN ROCKS BEACH, FL 33785
D	MADDOX, JOYCE	93 ROYAL PALM DR	LARGO, FL 33778
D	RUPPEL, DAVID	14001 KENSINGTON OAK LN	LARGO, FL 33774

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: <u>Cheryl L. Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>2/12/04</u>	Daytime Phone #
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CR2E081 (10/02)

February 3, 2004

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement

Dear Sirs:

We are writing to reinstate our corporation under the laws of the State of Florida. In addition, we are requesting that the filing fee be waived since this is the first notification we have received regarding this matter. We are a not-for-profit charitable organization and would have responded to this much sooner had we known.

Enclosed is the reinstatement form to bring us back to active status along with a check for \$122.50 for the years 2003/2004. We appreciate your understanding in this matter.

Sincerely,

X *Cheryl L. Smith*

Cheryl Smith, Secretary & Registered Agent
Interfaith Community Services, Inc.