

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 15 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000704

1. Corporation Name

Martin County Interagency Coalition

2. Principal Office Address - No P.O. Box #

10 SE Central Parkway

Suite, Apt. #, etc.

Suite # 101

City & State

Stuart, FL

Zip

34994

Country

Martin

3. Mailing Office Address

P.O. Box 3012

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34995

Country

Martin

000192482440
01/26/11--01003--005 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04-12-94

5. FEI Number

650478872

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Valerie Graham

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

10 SE Central Parkway

Suite, Apt. #, Etc.

101

City

Stuart

State
FL

Zip Code

34994

REINSTATEMENT 10-11

000192482440
08/15/11--01040--001 **70.50

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

Valerie Graham

Date 1-20-11

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
PO	Valerie Graham	10 SE Central Parkway	Stuart, FL 34994
VP	Maureen Ryan	10 SE Central Parkway	Stuart, FL 34994
SO	Christina Kaiser	10 SE Central Parkway	Stuart, FL 34994
TD	Kathy Carmody	10 SE Central Parkway	Stuart, FL 34994

10. E-mail Address: MCIACoalition@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Valerie Graham

Valerie Graham 1-20-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #