PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICAT	ION
FOR	
REINSTATE	MEN



FLORIDA DEPARTMENT OF STATE

	FOR STATEMENT)	Sandra B. Mor Secretary of S DIVISION OF CORPORATION	rtham Stale		FILED		
DOCUMENT # N9500005227 1. Corporation Name INTERAGENCY COUNCIL, INC.					98 MOY 12 MIII: 13 TALLAHASSEE, FLORDA			
SECTION IN THE SECTIO	Acc of Business OFF AVEIDE SECOND FLOOR PP 3300 addresses are incorrect in any way, line thro	ough incorrect in	information and enter	r correction below.		TATEM		
% MAR	Incipal Office Address, If Applicable RY CASANOVA #, etc. PERACY VOLUNTEERS	Suite, Api. #,	OX 2224			orated or Qualified ness in Florida	11/03/1990	
City & State		City & State KEY	WEST FL 3	33045	6.	-0621071	3. N	optied For lot Applicable
330	040 USA	3304	<u>- </u>	USA	<u> </u>	E OF STATUS DESIRE	D 🖫	
7. Names a Title(s) 1	and/or Directors Officer and Control Use Post (treet Address of Each fficer and/or Director Jse Post Office Box N	h r Numbers)	4	City / State / Zip	
יטן	TAYLOR, ANN			HAVENUE GEOCH EDY DRIVE,		KET WEST		
VD	A CONTRACTOR TO THE CONTRACTOR OF THE CONTRACTOR			AVENUE SECON 1920 FLAGER	- · · - · - ·	KEY WEST FL	33040 FL 33040	
SD	CASANOVA, MARY 3200 FLAGLES 917 FRANC			IS STREET,	#2	KEY WEST FL	33000 FL 33040	
TD	HOLLIDAY, JODY	151 AVENU	2000 FLACIER AVENUE SECOND FLOOR 151 AVENUE C			FL 33040		
D	SCALLY, YVONNE	1401 FLAG	1401 FLAGLER AVENUE GECOND FLOOR			8800 FL 33040		
D	ANAZLONE, FANANCY			AVENUE SECON I ROOSEVELT		KEY WEST FL	93040 FL 33040	
	THE LAW FIRM OF LAWRENCE J SPECEL CHRTD			Street Address (F	CASANOVA P.O. Box Number	is Not Acceptable)	gistered Againt कृतिहा १८०० - १४ १४	014 (Vee)
-GORAL GABLES FL 33134			LITER Suite, Apt. #, Etc.	LITERACY VOLUNTEERS Suite, Apt. #, Etc. 917 FRANCIS STREET, #2				
Signature of Registered	Agent REC	GISTERED AG	ART MUST SIGN	KEY WI	bligations of Section	ion 607.0505, F.S. D DEID 21 -11/19/	State Zp Code FL 3304 76768 7-1 E 796-01157-	.0
11. Do	pes this corporation/pay are pet. of Revenue under S.	ny intang 199.032,	jible tax to th Florida Stat	he tutes. Yes	□ No 🗵] (6	46 []] Wishib e other side for inform on intangitie tax.)	246.00
12. I certify	r that I am an officer or director or the receives	er or trustee er	inpowered to execute	s this application as provide range satisfier	provided for in cha	upter 607 or 617, F.E	B. I further certify that	when fling

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 cath.

SIGNATURE:

Jody Hoolingy/Treasurer and Board Hember

11/6/96

(305) 292-4501