


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 AUG 30 AM 11:12  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> N95000005227				
<b>1. Corporation Name</b> Interagency Council, Inc.				
<b>2. Principal Office Address</b> c/o Linda Welsh 1400 United St Suite, Apt. #, etc. #104 City & State Key West, Florida Zip Country 33040 USA		<b>3. Mailing Office Address</b> P.O. Box 2224 Suite, Apt. #, etc. City & State Key West, Florida Zip Country 33045 USA		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>  <b>5. FEI Number</b> 65-0621071 <b>Applied For</b> Not Applicable		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name Linda D. Welsh				
Street Address (P.O. Box Number is Not Acceptable) 1400 United Street				
Suite, Apt. #, Etc. #104				
City Key West State FL Zip Code 33040				
<b>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.</b>				
Signature of Registered Agent Linda D. Welsh, Treas. Date 8-24-05 REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
President	Laura Barnard	1015 Truesdell Court #1 Key West	Key West, FL 33040	
Vice Pres.	Nancy Sutton	1110 Fleming St #4	Key West, FL 33040	
Secretary	Philip Harris	2706 FLAGLER #10	Key West, FL 33040	
T.	Linda Welsh	1400 United St #104	Key West, FL 33040	
<b>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.</b>				
<b>SIGNATURE:</b> Laura Barnard		8/24/05 (305) 293-9497		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

Laura Barnard - president

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