

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 27 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005963**

1. Corporation Name

**IRISH AMERICAN CULTURAL SOCIETY
OF CENTRAL FLORIDA**

2. Principal Office Address

P.O. Box 948564

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32794-8564

Country

USA

3. Mailing Office Address

P.O. Box 948564

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32794-8564

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

59-3486443

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

SEAN T. DESMOND, ESQ.

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

249 EAST SIXTH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

300061247853

11/08/05--01/02/06--019--421.00**

100061247853

11/08/05--01/02/06--019--421.00**

State

FL

Zip Code

32303

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

Sean T. Desmond

REGISTERED AGENT MUST SIGN

Date

10/23/2005

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
P	CHRISTINE ARIMENTO	416 HEATHERTON COURT	DEBARY, FL 32713
V	DONALD MCCARRICK	181 W. SABAL PALM PLACE	LONGWOOD, FL 32779
S	JOSEPH CIRILLO	6505 S. SYLVAN LAKE DR.	SANFORD, FL 32771
T	JOHN DESMOND	1574 CARRINGTON AVE.	WINTER SPRINGS, FL 32788

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)(f), 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:

John P. Desmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/2005 407-359-0209
Daytime Phone #