

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000002568**

1. Corporation Name

CLARKE SCHOOL FOR THE DEAF, INCORPORATED

Principal Place of Business

Mailing Address

47 ROUND HILL ROAD
 NORTHAMPTON MA 01060

47 ROUND HILL ROAD
 NORTHAMPTON MA 01060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1997

5. FEI Number

04-2104008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GJERDINGEN, DENNIS	83 ROUND HILL ROAD	NORTHAMPTON MA 01060
T	BALICKI, STEPHEN	83 BANCROFT ROAD	NORTHAMPTON MA 01060
TRST	BARTLETT, CATHERINE MD	191 NORTH ELM STREET	NORTHAMPTON MA 01060
TRST	BERMAN, MARK	400 RIVERDALE STREET	W. SPRINGFIELD MA 01060
TRST	BRUCE, JOSEPH J	377 WALNUT AVENUE	ROXBURY MA 02119
TRST	COVELL, RICHARD B	72 FOX FARMS ROAD	FLORENCE MA 01060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, SUSAN DIRECTR
 CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER
 9857 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32257

Name: 12/30/03--01031--001 **70.00
 Street Address (P.O. Box Number is Not Acceptable): 300025842928
 City: 12/30/03--01031--001 **70.00
 State: FL Zip Code

10. I, being appointed the registered agent of the corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Susan G. Allen

Date: 12/24/03

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE BUS MGR / TREASURER

12/1/03

413-5843450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
 03 DEC 30 AM 10:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

Clarke School for the Deaf
Center for Oral Education

Stephen J. Balicki
Business Manager and Treasurer

12-23-03

Dear Sirs -

We are remitting this APPLICATION for REINSTATEMENT without the reinstatement fee because we never were sent the renewal package. The year prior we registered on-line. Perhaps that had something to do with it.

I called your department and the voice response said to exclude the Reinstatement Fee if we were never mailed an Application.

Any questions, I can be reached at
413-584-3450.

Thank you.

Stephen Balicki
Bus. Mgr. / Treasurer.