#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### **CORPORATION** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000008439

1. Corporation Name

Duval County School Readiness Coalition, Inc.

FILED 02 JUN 27 PM 2: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDS

# REINSTATEMENT

| <b>2.</b> Principal Office Address 7988 Quailwood Drive |                | 3. Mailing Office Address 7988 Quailwood Drive |             |  |
|---|----------------|--|-------------|--|
| Suite, Apt. #, etc.                                     |                | Suite, Apt. #, etc.                            |             |  |
| City & State  |                | City & State                                   |             |  |
| Jacksonville, FL  |                | Jacksonville, FL                               |             |  |
| <sup>Zip</sup> 32256                                    | Country<br>USA | Zip 32256                                      | Country USA |  |

4. Date Incorporated or Qualified Tc.Do Business in Florida 12/18/2000

5. FEI Number 59-3688924

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

| 7. Name and Address of Curr                        | ent Registered Agent  |        |
|--|-----------------------|--------|
| Name<br>Wilson, Katherine E.                       | <b>600006118186</b> - | no.    |
| Street Address (P.O. Box Number is Not Acceptable) | ****297.50 *****297   |        |
| 500 Water Street                                   | *****C31.30 *******   | 1 4 11 |
| Suite, Apt. #, Etc.                                | <u> </u>              |        |
| J815, 11th Floor                                   | · ·                   |        |
| City<br>Jacksonville                               | State Zip Code 32202  |        |

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.

Registered Agent

REGISTERED AGENT MUST SIGN

Date June 7, 2002

| 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<br>Officer and/or Director | City / State / Zlp     |  |
| D/C   | Katherine E. Wilson               | 500 Water Street, J815                            | Jacksonville, FL 32202 |  |
| D/V.  | Kay Redington                     | 3599 University Blvd. S.                          | Jacksonville, FL 32216 |  |
| D/S   | Jean Johnson                      | 8000 Arlington Exp. Ste.600                       | Jacksonville, FL 32211 |  |
| D/T   | Mary Freeland                     | 421 W. Church St., Ste. 222                       | Jacksonville, FL 32202 |  |
| D   | Connie Hodges                     | 1300 Riverplace Blvd.                             | Jacksonville, FL 32207 |  |
| <u>-</u> -  | SEE ATTACHED SCHEDULE A           |   |                        |  |

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.

(904)359 - 1270June 7, 2002

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine E. Wilson

Daytime Phone #

CR2E081 (9/01

2062

## **SCHEDULE A**

### **Additional Officers and Directors**

| Titles | Name                | Street Address                  | City/State/Zip              |
|--------|---------------------|---------------------------------|-----------------------------|
| D      | Gwen Scott          | 641 West 4 <sup>th</sup> Street | Jacksonville, FL 32209      |
| D      | Barbara Brigety     | 1701 Prudential Drive           | Jacksonville, FL 32207      |
| D      | Dr. Thomas Chiu     | 653 8 <sup>th</sup> Street West | Jacksonville, FL 32209      |
| D      | Bill Copley         | 1812 Atlantic Blvd.             | Jacksonville, FL 32207      |
| D      | Nancy Corley        | Box 2417                        | Jacksonville, FL 32231      |
| D      | Toni Crawford       | 589 Ponte Vedra Blvd.           | Ponte Vedra Beach, FL 32082 |
| D      | Gardner Davis       | 200 Laura Street N.             | Jacksonville, FL 32202      |
| D      | Dr. Cheryl Fountain | 1200 Alumni Drive               | Jacksonville, FL 32224      |
| D      | John Fryer          | 1701 Prudential Drive           | Jacksonville, FL 32207      |
| D      | Dr. Jeff Goldhagen  | 515 W. 6 <sup>th</sup> Street   | Jacksonville, FL 32206      |
| D      | Lynn Grafel         | 2141 Lockrain Blvd.             | Jacksonville, FL 32073      |
| D      | Susan Greene        | 3939 Cordova Avenue             | Jacksonville, FL 32207      |
| D      | Martha Hemphill     | 421 W. Church St., Ste 222      | Jacksonville, FL 32202      |
| D      | Lee Johnson         | Box 2417                        | Jacksonville, FL 32231      |
| D _    | -Lee-Lomax          | 10063 Heather Lake.Ct. W.       | Jacksonville,-FL 32256 —    |
| D      | Barbara C. Lynn     | 150 Sherry Drive                | Atlantic Beach, FL 32233    |
| D      | Tiffany Tisdale     | 215 Bethel Baptist St.          | Jacksonville, FL 32202      |
| D      | Dr. Susan Wilkinson | 100 Bell Tell Way, Ste. 100     | Jacksonville, FL 32216      |