


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -4 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008439

1. Corporation Name
DÜVAL COUNTY SCHOOL READINESS COALITION, INC.

2. Principal Office Address 6850 BELFORD OAKS PLACE		3. Mailing Office Address 6850 BELFORD OAKS PLACE	
Suite, Apt. #, etc. SUITE 102		Suite, Apt. #, etc. SUITE 102	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA	
Zip 32216	Country USA	Zip 32216	Country USA

REINSTATEMENT 03-05

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

5. FEI Number 59-3688924 **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
SUSAN MAIN

Street Address (P.O. Box Number is Not Acceptable)
6850 BELFORD OAKS PLACE

Suite, Apt. #, Etc.
SUITE 102

City
JACKSONVILLE

State
FL

Zip Code
32216

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 Susan Main Date 1-31-05

REGISTERED AGENT MUST SIGN

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
DC	TONY CRAWFORD	989 PONTE VEDRA BLVD.	PONTE VEDRA BEACH, FL 32082
DV	MICHELLE BRAUN	9000 SOUTHSIDE BLVD., #100, 8TH Floor	JACKSONVILLE, FL 32256
DT	SANDRA RAMSEY	6630 SOUTHPOINT PARKWAY	JACKSONVILLE, FL 32216

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)(l), 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: Susan Main Susan Main, Executive Director (904) 279-0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (01/05)