

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 DEC 16 AM 8:01

DOCUMENT # N30934

1. Corporation Name  
 THE OAK SCHOOL OF DELRAY BEACH, INC.

Principal Place of Business Mailing Address  
 222 LAKEVIEW AVENUE SUITE 400 W. PALM BEACH FL 33401  
 222 LAKEVIEW AVENUE SUITE 400 W. PALM BEACH FL 33401



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

2. New Principal Office Address, If Applicable  
 2515 N. Swinton Ave -  
 Suite, Apt. #, etc. Delray Beach, FL  
 City & State Delray Beach FL  
 Zip 33444 Country Palm Beach

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. 2515 N Swinton Ave  
 City & State Delray Beach FL  
 Zip 33444 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 02/28/1989

5. FEI Number 65-0144766 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	SCHLICHTING, NANCY R	3261 HOYLAK RD	LAKE WORTH FL 33463
SD	MOUW, CATHERINE	1231 VISTA DEL MAR DR	DELRAY BEACH FL 33463
D	MOUW, ARMAND	1231 VISTA DEL MAR DR	DELRAY BEACH FL 33463
PD	ROMFH, ELIZABETH R	8643 S 45TH ST	LAKE WORTH FL 33463
D	ROMFH, JULES	8643 S 45TH ST	LAKE WORTH FL 33463

8. Name and Address of Current Registered Agent  
 SCHLICHTING, NANCY R ESQ  
 222 LAKEVIEW AVENUE  
 SUITE 400  
 W. PALM BEACH FL 33401

9. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State FL Zip Code \_\_\_\_\_

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

Signature of Registered Agent Nancy R. Schlichting REGISTERED AGENT MUST SIGN  
 Date December 6, 2002

11. I certify that I am an officer or director of 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: Elizabeth Romfh 12/06/02 (561) 272-8415  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

12/16/02



December 6, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**Re: The Oak School of Delray Beach, Inc.**

Dear Sir/Madam:

Enclosed please find a Reinstatement Application for the above-referenced corporation along with our check in the amount of \$61.25 for the filing fee. Please be advised that we did not receive the two (2) prior uniform business report notices.

Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Elizabeth R. Romfh  
President

ERR/  
Encl.