PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DOCUMENT #

1. Corporation Name

THE OAK SCHOOL OF DELRAY BEACH, INC.

Principal Place of Business

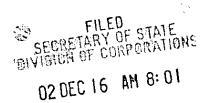
Mailing Address

222 LAKEVIEW AVENUE

222 LAKEVIEW-AVENUE SUITE 400

SUITE 400 W_PALM_BEACH_FL_33401

W. PALM BEACH FL 33401





W - b	addresses are incorrect in any way, line thro	auch incorrect inf	ormation and enter	correction helow			
2. New Pri	incipal Office Address, If Applicable - Subjection Ave -	3. New Mailin	ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/28/1989		
Suite, Apt. #, etc. Delray Beach, FL. Suite, Apt. 51 City & State Suite, Apt. City & State			5 N Swinton Ave 5		5. FEI Number	65-0144766	
^{Zip} 334	44 Palm Beach	Delra Zip p 33	444 Pa	m Beach	1	OF STATUS DESIRED	5 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			0201044002 **61,25 City / State / Zip	
TD	SCHLICHTING, NANCY R	3261 HOYLAKE 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		
	9. Name and Address of Current	Registered Age	nt	1	9. Name and	Address of New Registered	Agent
	8. Name and Address of Current Registered Agent						
SCHLICHTING, NANCY R ESQ 222 LAKEVIEW AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 400				Suite, Apt. #, Etc.			
W. PALM BEACH FL 33401				City State Zip Code			Zip Code
10. I, being		ove named corpo	ration, am familiar w	ith and accept the c	obligations of Sect	ion 607.0505, F.S. or 617.050 Date <u>December</u> (

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:

Nancy

AhtiREGISTERED AGENT MUST SIGN

12/06/02

(561) 272-8415



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.