

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003227

1. Corporation Name

JERICHO SCHOOL FOR CHILDREN WITH AUTISM

Principal Place of Business

Mailing Address

JERICHO SCHOOL FOR  
CHILDREN WITH AUTISM

P.O. BOX 19798  
JACKSONVILLE, FL 32245-9798

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

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3325760

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIRECTOR	CRYSTAL HARMS	4090 HODGES BLVD. #106 JAX	JACKSONVILLE, FL 32224
DIRECTOR SECRETARY	STEPHEN VETH	6858 MADRID AVE.	JACKSONVILLE, FL 32217
DIRECTOR	ROBIN MALCOLM	133 29TH AVE. S. (H)	JACKSONVILLE BEACH, FL 32250
DIRECTOR	JANIE SIZEMORE	716 BLAKESTONE CIRCLE	PONTE VEDRA BCH., FL 32082
TREASURER	KIM TUTHILL	1342 GROSVENOR SQUARE DR.	JACKSONVILLE, FL 32207
REINSTATEMENT 97-98 SL 5-6-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID CLAYMAN  
655 WEST EIGHTH STREET  
JACKSONVILLE, FL 32209

Name KAREN BODAMER/JERICHO  
Street Address (P.O. Box Number is Not Acceptable)  
1300 SPRINKLE DR.  
Suite, Apt. #, Etc.  
City JACKSONVILLE State FL Zip Code 32211

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.

Signature of  
Registered Agent Karen M. Bodamer  
REGISTERED AGENT MUST SIGN

Date 4-1-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

CRYSTAL A. HARMS CRYSTAL A. HARMS

4/1/98  
Date

904-992-7227  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)