

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 24 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

714203

1. Corporation Name

Oakwood Country Day School, Inc.

300158845693
07/23/09--01036--017 **1163.75

REINSTATEMENT

74-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 2122 University Blvd.S.		3. Mailing Office Address P.O. Box 47620	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country Duval	Zip 32247	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		3/05/1969	
5. FEI Number 59-1216794		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Delores C. Jones		
Street Address (P.O. Box Number is Not Acceptable) 2122 University Blvd. So.		
Suite, Apt. #, Etc.		
City Jacksonville,	State FL	Zip Code 32216

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date July 16, 2009

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
STD	Kenneth L. Jones	5353 Arlington Expressway	Jacksonville, FL 32211
CCPD	Delores C. Jones	2122 University Blvd. So.	Jacksonville, FL 32216
PD	Dorothy Milikin	11576 San Jose Blvd.	Jacksonville, FL 32223

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delores C. Jones July 16, 2009

Date

Daytime Phone #