

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L81535**

1. Corporation Name

ARLINGTON COUNTRY DAY SCHOOL, INC.

Principal Place of Business

**% ARLINGTON COUNTRY DAY SCHOOL
5725 FT. CAROLINE RD
JACKSONVILLE FL 32214
US**

Mailing Address

**5725 FT CAROLINE RD
JACKSONVILLE FL 32211
US**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32217

32217

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	LICHTWARD, DEBORAH ANNE	5725 FT. CAROLINE RD	JACKSONVILLE FL 32217

8. Name and Address of Current Registered Agent

**LICHTWARD, DEBORAH A.
5725 FT. CAROLINE ROAD
JACKSONVILLE FL 32211**

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.

Signature of Registered Agent

Deborah A. Lichtward
REGISTERED AGENT MUST SIGN

Date

10/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Deborah A. Lichtward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/96 (904) 744-0466

FILED

96 NOV -6 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT **1996** **mw8** **11-7-96**