

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

DOCUMENT # L81535

1. Corporation Name

ARLINGTON COUNTRY DAY SCHOOL II, INC.

00 NOV. 14 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% ARLINGTON COUNTRY DAY SCHOOL
5725 FT. CAROLINE RD
JACKSONVILLE FL 32277
US

5725 FT CAROLINE RD
JACKSONVILLE FL 32277
US

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

REINSTATEMENT

JWD

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.		06/19/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3012909	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	LICHTWARD, DEBORAH ANNE	5725 FT. CAROLINE RD	JACKSONVILLE FL 32277
			700003490817--1 -12/08/00--01007--015 *****8.75 *****8.75
			900003490819--5 -12/08/00--01007--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LICHTWARD, DEBORAH A. 5725 FT. CAROLINE ROAD JACKSONVILLE FL 32277		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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

10/30/00

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:

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

Date

Daytime Phone #

10/30/00
(904) 744-0466

CR2E040 (800)