

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002458

1. Corporation Name

THE HARDEE COUNTY SCHOOL READINESS COALITION, INC.

Principal Place of Business

Mailing Address

C/O HARDEE COUNTY SCHOOL BOARD OFFICE  
1009 NORTH SIXTH AVE  
WAUCHULA FL 33873

C/O HARDEE COUNTY SCHOOL BOARD OFFICE  
PO BOX 1678  
WAUCHULA FL 33873



REINSTATEMENT 02

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

04/12/2000

Suite, Apt. #, Etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

City, & State

City & State

Zip

Country

Zip

Country

6. 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 3	City, State, Zip 4
D	TOMLINSON, VIDA	803 SHADY NOOK CIRCLE	WAUCHULA FL 33873
D	GRIMSLEY, DENISE <i>Jones Dennis</i>	515 S 6TH AVE <i>1009 N Sixth Ave</i>	WAUCHULA FL 33873
D	THOMPSON, JOSEPHINE DR <i>Knight Shirley</i>	324 NORTH 6TH AVE <i>1999 St Rd 64E</i>	WAUCHULA FL 33873
D	JONES, DENNIS	PO BOX 1678	WAUCHULA FL 33873
D	HOWRE, KATE	PO BOX 368	LAKELAND FL 33802
D	GRAY, SUE	4720 OLD HWY 37	LAKELAND FL 33831

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMLINSON, VIDA A  
1009 NORTH SIXTH AVE  
WAUCHULA FL 33873

Name

*Tracy T. Baxter*

Street Address (P.O. Box Number is Not Acceptable)

*901 W. Main St. Office #120*

Suite, Apt. #, Etc.

*Wauchula*

City

State

FL

Zip Code

33873

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Tracy T. Baxter*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

000009214290  
11/26/02--01004--003 \*\*61.25

Date

*Oct 24, 2002*

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:

*SYDNEY J. JONES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-23-02*

Date

Daytime Phone #

*863-773-2555*