


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>N00000006427</u>			
<b>1. Corporation Name</b> <u>St. Johns County School Readiness Coalition, Inc.</u>			
<b>2. Principal Office Address</b> <u>88 Riberia Street</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <u>88 Riberia Street</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>St. Augustine, FL</u>		<b>City &amp; State</b> <u>St. Augustine, FL</u>	
<b>Zip</b> <u>32084</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>32084</u>	<b>Country</b> <u>USA</u>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 01-02

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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>09/27/00</u>	
<b>5. FEI Number</b> <u>59-3673310</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> <u>Jo Sheppard, CEO Child Care Resource Network, Inc.</u>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>230 North Beach Street</u>		
<b>Suite, Apt. #, Etc.</b> 		
<b>City</b> <u>Daytona Beach</u>	<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>32114</u>

**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**

Jo Sheppard  
REGISTERED AGENT MUST SIGN

**Date** 3/15/02

**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
D	Mary Ann Holanchock	959 Lew Boulevard	St. Augustine, FL 32084
D	Lilli Copp	2980 Collins Avenue #7	St. Augustine, FL 32084
D	Kathy Mankinen	207 North San Marco Avenue	St. Augustine, FL 32084
D	Jessica Gardner	88 Riberia Street	St. Augustine, FL 32084

**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 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**

M.A. Holanchock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

**Date**

904-829-6457

**Daytime Phone #**

Mary Ann Holanchock

CR2E081 (9/01)