

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006427

1. Corporation Name

St. Johns County School Readiness Coalition

2. Principal Office Address

117 Bridge Street

Suite, Apt. #, etc.

City & State

Saint Augustine, Florida

Zip

32084

Country

U.S.A.

3. Mailing Office Address

P.O. Box 4102

Suite, Apt. #, etc.

City & State

Saint Augustine, Florida

Zip

32085-4102

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida August 30, 2000

5. FEI Number

59-3673310

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

WOP

7. Name and Address of Current Registered Agent

Name

Episcopal Children's Services - Steve Mountain

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

100 Bell Tel Way

Suite, Apt. #, Etc.

100

City

Jacksonville

State

FL

Zip Code

32216

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

REGISTERED AGENT MUST SIGN

Date

8/3/04

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/C	David Hoak	117 Bridge Street	Saint Augustine, Florida 32084
D/V	Greg Walker	117 Bridge Street	Saint Augustine, Florida 32084
D/S/T	Kenneth Forrester	117 Bridge Street	Saint Augustine, Florida 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Hoak 8/9/04
Board Chair

Date

Daytime Phone #

904-347-4445

CR2E081 (01/04)