

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 2:41

DOCUMENT # ND0000002405

1. Corporation Name Division on Career Development and
Transition of the Florida Council for
Exceptional Children, Inc.

W06-83485

000082485360
01/25/07--01009--030 **61.25

02-07

2. Principal Office Address

5200 NW 43 St.

Suite, Apt. #, etc.

102-305

City & State

Gainesville

Zip

32606

Country

USA

3. Mailing Office Address

5200 NW 43 St.

Suite, Apt. #, etc.

102-305

City & State

Gainesville

Zip

32606

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10-04-2002

5. FEI Number

592 855 708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrick Mulvihill

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

526 Turkey Creek

Suite, Apt. #, Etc.

City

Alachua, FL

State

FL

Zip Code

32615

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

Patrick Mulvihill

Date 12-7-06

REGISTERED AGENT MUST SIGN

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
Pres.	Karlton Ballard	PREC Clearwater 6100 154th Ave. N.	Clearwater, FL 33760
Pres. elect	Patrick Mulvihill	526 Turkey Creek	Alachua, FL 32615
VP	John Boekenroegen	6315 Norman Hall PO Box 117050	Gainesville, FL 32611
Sec.	Iris Neil	School District Palm Beach Forest Hill Blvd A203	West Palm Bch, FL 33406
Treas	Kathy Lowe	2700 Judge Frank Jamison	Viera, FL 32940

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 contained in Chapter 119, 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:

Patrick Mulvihill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-06

Daytime Phone #

326-418-4349



Council for
Exceptional
Children

***FOCUSING ON CAREER DEVELOPMENT & TRANSITION FROM SCHOOL
TO ADULT LIFE FOR INDIVIDUALS
WITH ALL EXCEPTIONALITIES***

www.dcdt.org

5200 NW 43rd Street, Suite 102-305
Gainesville, FL 32606

January 12, 2007

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find our completed and signed application for the renewal of the nonprofit status for the Florida Division on Career Development and Transition. You previously received a check for the amount of \$306.25. Attached is a check for the additional amount, per instructions.

As of this date, no current member of our organization had received the request for annual report for 2002; therefore we are requesting that the fees be waived.

A handwritten signature in black ink, appearing to read "Patrick Mulvihill", written over a horizontal line.

Patrick Mulvihill, President-elect
Florida DCDT