

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002975

1. Corporation Name

I CAN READ FOUNDATION CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 8030
FLEMING ISLAND FL 32006

P.O. BOX 8030
FLEMING ISLAND FL 32006



REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/23/2002	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	LIPPUS, WILLIAM	2060 BRICKYARD ROAD	MIDDLEBURG FL 32068
D	JOHNSON, JUANITA	6659 ENGLISH MEADOWS CT.	ORANGE PARK FL 32073
D	MURRETIA, ROSEWANTA	2317 QUAIL PAW	MIDDLEBURG FL 32068
D	MURRAY, CHRISTAIN	4553 JUNCTION RD.	MIDDLEBURG FL 32068
D	WILLIAMS, CAROLYN	1556 GRADUATION LANE	MIDDLEBURG FL 32068

8. Name and Address of Current Registered Agent

DENEGAL, SWEETY E CEO
2120 POND SPRING WAY
ORANGE PARK FL 32003

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
000025904950		
Suite, Apt. #, Etc.	12/31/03--01068--008	**236..25
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. or 617.0505, F.S.

Signature of
Registered Agent

Sweety E. Denegal
REGISTERED AGENT MUST SIGN

Date 11/13/03

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:

Sweety E. Denegal *Sweety E. Denegal* 11/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #