

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 17 PM 1:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006266

1. Corporation Name

Dillon Country Day School, Inc.
13529 E Citrus Dr.
Loxahatchee Groves, FL 33470

2. Principal Office Address - No P.O. Box #

13529 E Citrus Dr.

3. Mailing Office Address

13529 E Citrus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee Groves, FL

City & State

Loxahatchee Florida

Zip

33470

Country

USA

Zip

33470

Country

USA

REINSTATEMENT
CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

7-23-03

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

JUDITH Dillon

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

13529 E Citrus Dr.

Suite, Apt. #, Etc.

City

Loxahatchee Groves, FL

State

FL

Zip Code

33470

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

Judith Dillon
REGISTERED AGENT MUST SIGN

Date May 14, 2007

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
President Director	JUDITH Dillon	13529 E Citrus	Loxahatchee Groves, FL 33470
Director	Maureen Smith	12920 Guilford Cir	Wellington FL 33414
Director	Georgina Randall	1084 Mulberry	Wellington FL 33414
Director	Diana McElhenny	1019 W. Ramblest	Tampa FL 33612

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:

Judith Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2007
Date

Daytime Phone #

561 707 0742