

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 31 AM 8:58

DOCUMENT # N37019

1. Corporation Name

HALLANDALE CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

SARA PRETTY
220 SW 6TH AVE
HALLANDALE FL 33009-5322

SARA PRETTY
220 SW 6TH AVE
HALLANDALE FL 33009-5322



REINSTATEMENT 01

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

03/07/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number.

65-0219498

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City, State, Zip |
|----------|--------------------------------------|---|---------------------------------------|
| DE | CRAWFORD, WILLIAM Dessieux, Luc | 315 SE 7TH STREET, SUITE 303 220 SW 6 Ave | FT LAUDERDALE FL Hallandale FL |
| D | TAYLOR, KENDALL | 2003 WASHINGTON RD 6344 Bayton Beach Blvd | WEST PALM BEACH FL Bayton Beach FL |
| DE | OHARA, DEE | 100 SE 2ND AVE | FT LAUDERDALE FL |
| D | WELCH, ELEANOR | 2414 NE 13 COURT | FT LAUDERDALE FL |
| D | Smart, Margaret | 5081 SW 28 Ave 118 SE 1st Ave | Dania Beach FL |
| D | King, Delbert | 118 SE 1st Ave | Dania Beach FL |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAWFORD, WILLIAM G JR
315 SE 7 ST, STE 303
FT. LAUDERDALE FL 33301

Name
Dolores O'Hara
Street Address (P.O. Box Number is Not Acceptable)
5821 NE 17 Ave
Suite, Apt. #, Etc.

City
Ft. Lauderdale
State
FL
Zip Code
33334

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.

Signature of
Registered Agent
Dolores O'Hara
REGISTERED AGENT MUST SIGN

Date

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:

Dolores O'Hara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #