

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



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

DOCUMENT # N46350

1. Corporation Name
McClellan Park Day School, Inc

2. Principal Office Address <u>845 S. School Avenue</u>		3. Mailing Office Address <u>845 S. School Avenue</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Sarasota FL</u>		City & State <u>Sarasota FL</u>	
Zip <u>34237</u>	Country <u>Sarasota</u>	Zip <u>34237</u>	Country <u>Sarasota</u>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0296279 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
Donnie P. Melendy, CMR + Associates Services, Inc

Street Address (P.O. Box Number is Not Acceptable)
4837 Swift Road, Suite 210

Suite, Apt. #, Etc.
Suite 210

City
Sarasota

State
FL

Zip Code
34231

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 Donnie P. Melendy, CMR + Associates Services, Inc. Date 6/14/00

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. <u>TD</u>	<u>Thomas Hauser</u>	<u>601 Lotus Lane</u>	<u>Sarasota, FL 34242</u>
V-Pres <u>TD</u>	<u>Matt Sperling</u>	<u>5104 Windward Ave</u>	<u>Sarasota, FL 34242</u>
Sect. <u>TD</u>	<u>Rita Callahan</u>	<u>1451 Seafarer Drive</u>	<u>Osprey, FL 34229</u>
Treas. <u>TD</u>	<u>Peggy Albano</u>	<u>7506 Albert Tillinghast Dr</u>	<u>Sarasota, FL 34240</u>

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: Peggy Albano PEGGY ALBANO Date 6.2.2000 (941) 955-14574 Daytime Phone #

CR2E081 (9/99)