

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION



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

FILED

02 JUL -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 19400003623

1. Corporation Name

Arlington Country Day School PTO, Inc

800006344468--3

-07/12/02--01017--008

\*\*\*\*122.50 \*\*\*\*122.50

2. Principal Office Address

5681 Edenfield Rd

Suite, Apt. #, etc.

# 1601

City & State

Jacksonville FL

Zip

32277

Country

USA

3. Mailing Office Address

5681 Edenfield Rd

Suite, Apt. #, etc.

# 1601

City & State

Jacksonville FL

Zip

32277

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/22/1994

5. FEI Number

593268655

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

Franki Kirkpatrick

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

5681 Edenfield Rd

Suite, Apt. #, Etc.

# 1601

City

Jacksonville

State  
FL

Zip Code

32277

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

Franki Kirkpatrick

REGISTERED AGENT MUST SIGN

Date

6/17/02

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.	Candy Berry (D)	7120 Waipiki Rd	Jacksonville FL 32216
Treas.	Franki Kirkpatrick (D)	5681 Edenfield Rd #1601 Jacksonville FL 32277	Jacksonville FL 32277
Sec.	Pat Reid (D)	5449 Glorienne Dr.	Jacksonville FL 32207

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:

Franki Kirkpatrick

Franki Kirkpatrick

Date

6/17/02

Daytime Phone #

904.744.0466

CR2E001 (8/01)

2082

Arlington Country Day School PTO, Inc.  
5681 Edenfield Rd.  
# 1601  
Jacksonville, FL 32277  
(904) 745-5822

President Candy Berry  
Secretary Pat Reid  
Treasurer Franki Kirkpatrick

June 25, 2002

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

Dear Sir or Madam:

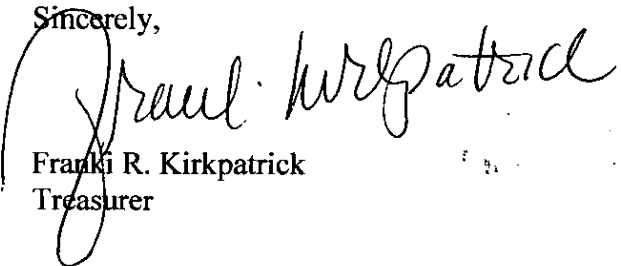
Enclosed is our application for reinstatement.

Our corporation was administratively dissolved because your office did not receive proper documentation from us. However, I have learned through phone conversations with staff in your office, there was a clerical error on your part. We did not receive a Uniform Business Report in 2001 because it was sent to the wrong address, even though I filed a change of address prior to that time. Therefore, I am requesting that you waive any penalty fees for reinstatement.

~~I have enclosed a check in the amount of \$122.50. This covers our filing fees for the past year~~  
and for the current year.

Please contact me if there are any questions.

Sincerely,

  
Franki R. Kirkpatrick  
Treasurer