PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -2 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000488

1. Corporation Name

CHARLOTTE COUNTRY DAY SCHOOL, INC. 9 9AR

Principal Place of Business	Mailing Address
324 CROSS STREET SUITE 2 PUNTA GORDA FL 33950 US	P.O BOX 511085 PUNTA GORDA FL 33951 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/1996

5. FEI Number: 65-0661754 ☐ Applied For ☐ Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DV	~~ERICH, ELLEN R~~ MURNO, TIMOTHY	~~2120 PALM TREE DR.~~ 324 CROSS ST	PUNTA GORDA FL
~~DP~~ D	WYNN, KATHERINE	3972 CROOKED ISLAND DR	PUNTA GORDA FL
DS	~~VASU, MARGARET M~~ KALOSIS, MONICA	~~2237 PALM TREE DRIVE~~ 324 CROSS ST.	PUNTA GORDA FL
~~D~~ DP	~~WAKSLER, GERI L~~ COLUNGA, FRANK	~~2181 TALPEL COURT~~ 324 CROSS ST	~~CHARLOTTE HARBOR FL 33983~~ PUNTA GORDA, FL
~~D~~ DT	~~GREENBERG, MARIA~~ QUINN, JAMES	~~137 CREEK DR~~ 324 CROSS ST	~~PORT CHARLOTTE FL~~ PUNTA GORDA, FL
D	~~ZUSMAN, AMY~~ LACK, MICHAEL	~~23427 WEST CHESTER BLVD~~ 324 CROSS ST	~~PORT CHARLOTTE FL~~ PUNTA GORDA, FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WAKSLER, GERI L 1625 WEST MARION AVE. SUITE 2 PUNTA GORDA FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/99)

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: [signature] Date: 10/27/99
REGISTERED AGENT MUST SIGN

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: [signature] JAMES P. QUINN 10/27/99 941-766-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

08/30/99 90011 043 01125

324 Cross St.
Punta Gorda, FL 33950
(941)505-1551

Mailing Address
PO Box 511085
Punta Gorda, FL 33951

Document N96000000488
FEI Number 65-0661754

Application For Reinstatement - Box 7, Additional Directors

2

D	Willsie, John	324 Cross Street	Punta Gorda, FL	33950
D	Brady, Maureen	324 Cross Street	Punta Gorda, FL	33950
D	DiLalla, Dick	324 Cross Street	Punta Gorda, FL	33950

324 Cross St.
Punta Gorda, FL 33950
(941)505-1551

Mailing Address
PO Box 511085
Punta Gorda, FL 33951

October 27, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document # N96000000488
FEI Number 65-0661754

To Whom It May Concern:

We received the enclosed Notice of Administrative Dissolution or Revocation after having filed our 1999 Nonprofit Corporation Annual Report on August 26, 1999. A copy of our cancelled check number 2630 in the amount of $61.25 is enclosed which bears a deposit date of September 2, 1999.

I was instructed by a member of your customer service department to complete the enclosed Application For Reinstatement and remit it with the check copy in order for our organization to be reinstated without having to pay the reinstatement fee.

Your assistance in this matter is appreciated. If you have any questions feel free to contact me during the day at (941)766-7966.

Sincerely,

James P. Quinn
Treasurer