

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



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

DOCUMENT # N96000000488

1. Corporation Name

CHARLOTTE COUNTRY DAY SCHOOL, INC.

99AR

Principal Place of Business

324 CROSS STREET
SUITE 2
PUNTA GORDA FL 33950
US

Mailing Address

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

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0661754

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	ERICH, ELLEN R MURNO, TIMOTHY	2120 PALM TREE DR. 324 CROSS ST	PUNTA GORDA FL
DP	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	WAKSLER, GERALD COLUMBA, FRANK	2101 TAL PEL COURT 324 CROSS ST	CHARLOTTE HARBOR FL 33983 PUNTA GORDA, FL
D	GREENBERG, MARIA QUINN, JAMES	187 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, GERALD
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

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

REGISTERED AGENT MUST SIGN

Date 10/27/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. QUINN

Date

Daytime Phone #

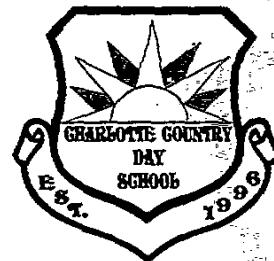
10/27/99 941-766-7466

08/30/99 9001 043 6125

CR2E040 (8/99)

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

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

2

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

3

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,

A handwritten signature in black ink, appearing to read "James P. Quinn". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

James P. Quinn
Treasurer