APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC -8 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000488

1. Corporation Name

CHARLOTTE COUNTRY DAY SCHOOL, INC.

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.

REINSTATEMENT 2000

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~~ D	MURNO, TIMOTHY	324 CROSS ST.	PUNTA GORDA FL
D	WYNN, KATHERINE	3972 CROOKED ISLAND DR	PUNTA GORDA FL
~~DS~~ DT	KALOSIS, MONICA	324 CROSS STREET	PUNTA GORDA FL
~~DP~~ D	COLUNGA, FRANK	324 CROSS STREET	PUNTA GORDA FL
~~DT~~ DP	QUINN, JAMES	324 CROSS STREET	PUNTA GORDA FL
~~D~~ DV	LACK, MICHAEL	324 CROSS STREET	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. 000003508840--0 -12/20/00--01053--017 City ****235 State FL Zip *****236.25

CR2E040 (8/00)

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 _____ Date 12-5-00
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: _____ JAMES P QUINN 11-26-00 (941)505-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102871 AF