

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harjis

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001005

1. Corporation Name

Hilsdale Christian School, Inc.

2. Principal Office Address

8060 Hilsdale Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

3. Mailing Office Address

8060 Hilsdale Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

**REINSTATEMENT 2000**

4. Date Incorporated or Qualified  
To Do Business in Florida

7/7/94

5. FEI Number

59-3382859

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

Jeanette W. Wickstrom

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

190 Annandale Drive East

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225-4122

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

Jeanette W. Wickstrom

REGISTERED AGENT MUST SIGN

Date 10/20/00

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
D	Jeanette W. Wickstrom	8060 Hilsdale Rd.	Jacksonville, FL 32216
T	Nicholas E. Wickstrom	Naval Air Station Riverside Blvd.	Jacksonville, FL 32213
T	Lois O. Rogers	8060 Hilsdale Rd.	Jacksonville, FL 32216
T	Donna L. Stables	8060 Hilsdale Rd.	Jacksonville, FL 32216

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANETTE W. WICKSTROM

Date

Daytime Phone #

Pres. 10/20/00 (904) 7370515