

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-99 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004991

1. Corporation Name

A DAY FOR CHARITY, INC.

Principal Place of Business 3300 PGA BLVD. SUITE 820 PALM BEACH GARDENS, FL 33477	Mailing Address 3300 PGA BLVD. SUITE 820 PALM BEACH GARDENS, FL 33477
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable #6 HICKORY HILLS CIR. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable #6 HICKORY HILLS CIR. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 09/25/96
City & State LITTLE ROCK, AR Zip 72212-2766 Country U.S.A.	City & State LITTLE ROCK, AR Zip 72212-2766 Country U.S.A.	5. FEI Number 65-0723718 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	JENNIFER RALSTON-DAY	#6 HICKORY HILLS CIR.	LITTLE ROCK, AR 72212
V/D	GLEN E. DAY	#6 HICKORY HILLS CIR.	LITTLE ROCK, AR 72212
S/T/D	GLORIA RALSTON	51 BELLE MEADOW LANE	LITTLE ROCK, AR

8. Name and Address of Current Registered Agent

CRIST, GARY M. ESQ.
1150 S. U.S. HIGHWAY #1
SUITE 401
JUPITER, FL 33477

9. Name and Address of New Registered Agent

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 *Gary M. Crist*
REGISTERED AGENT MUST SIGN

Date *6/9/99*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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 name 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: *J. Day*

JENNIFER RALSTON-DAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6-4-99* 901-225-5451
Daytime Phone #

REINSTATEMENT

97-99
280
6/14/99

99 JUN 14 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)