## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N97000003925

FILED Oct 18, 2005 Secretary of State

Entity Name: DILLON COUNTRY DAY & LAB SCHOOL, INC.

Current Principal Place of Business:

**New Principal Place of Business:** 

13529 EAST CITRUS DRIVE

LOXAHATCHEE GROVES, FL 33470 US

WELLINGTON, FL 33414

Current Mailing Address:

PALM BEACH POLO STADIUM

13420 SOUTH SHORE BLVD

New Mailing Address:

PALM BEACH POLO STADIUM 13529 EAST CITRUS DRIVE

13420 SOUTH SHORE BLVD LOXAHATCHEE GROVES, FL 33470 US WELLINGTON, FL 33414 US

FEI Number: 65-0762778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DILLON, JUDITH MARY PALM BEACH POLO STADIUM 13420 SOUTH SHORE BLVD WELLINGTON, FL 33414 US DILLON, JUDITH MARY
13529 EAST CITRUS DRIVE

LOXAHATCHEE GROVES, FL 33470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUDITH MARY DILLON 10/18/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: MRS (X) Change ( ) Addition

Name: DILLON, JUDITH Name: DILLON, JUDITH

Address: 12770 WESTPORT CIRCLE Address: 13529 EAST CITRUS DRIVE
City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: LOXAHATCHEE GROVES, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH MARY DILLON MRS. 10/18/2005

Electronic Signature of Signing Officer or Director

Date