

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000106149

1. Corporation Name

MADARIN COUNTRY DAY PRESCHOOL OF NORTH FLORIDA, INC.

Principal Place of Business

4365 LOSCO RD.  
JACKSONVILLE FL 33257

Mailing Address

4365 LOSCO RD.  
JACKSONVILLE FL 33257

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1999

5. FEI Number

65-0965921

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)<br>1 | Name of Officers and/or Directors<br>2 | Street Address of Each Officer and/or Director<br>3 | City & State & Zip<br>4 |
|---------------|--|---|-------------------------|
| PD            | JEFFERIES, WANDA                       | 4365 LOSCO RD.                                      | JACKSONVILLE FL 33257   |
| S             | Kirkland, Debbie                       | 4365 Losco RD.                                      | Jacksonville, FL 32257  |
| V/D           | Kirkland, Tony                         | 4365 Losco RD.                                      | Jacksonville, FL 32257  |
|               |  |   | 900-Adm                 |
|               |  |   | 61.25 - AR              |
|               |  |   | 88.75 - AR sep          |
|               |  |   | 8.75 - Cert             |

8. Name and Address of Current Registered Agent

ESKUCHEN, MARTHA S ESQ.  
14041 U.S. HWY.1, STE.B  
JUNO BEACH FL 33408

9. Name and Address of New Registered Agent

Name: Tony A. Kirkland  
Street Address (P.O. Box Number is Not Acceptable): 4365 Losco Rd  
Suite, Apt. #, Etc.: 300005970979  
City: Jacksonville  
State: FL  
Zip: 32257

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

Tony A. Kirkland  
REGISTERED AGENT MUST SIGN

Date

6-07-02

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)(l), 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:

Debbie Kirkland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 06, 2002 (904) 260-9869

Daytime Phone #