

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
98 AR
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24937

1. Corporation Name

THE BLAKE SCHOOL OF LAKE CITY, INC.

Principal Place of Business

RT 17 BOX 2030
LAKE CITY FL 32055
US

Mailing Address

RT 7 BOX 2030
LAKE CITY FL 32055
US

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

RT 17 Box 2030
Lake City FL
32055 US

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1992

5. FEI Number

65-0343562

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TABOL, VARRIS M	1800 S OCEAN BLVD	POMPANO BEACH FL
STD	LUNDE, LINNIE	1800 S OCEAN BLVD	POMPANO BEACH FL
STD	LINNIE LUNDE JORDAN	RT 7 BOX 825	LAKE CITY FL 32055
			600002699356--2 -12/01/98--01079--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

JORDAN, ROBERT F.
100 SE 6 ST
FT LAUDERDALE FL 33301

300 Circle Dr
Lake City FL 32055

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

Robert F. Jordan

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/16/98

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 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:

Linnie Lunde Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/98 (904) 752-8874

Daytime Phone #

CR2E040 (9/98)