

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

PAR

FILED

99 OCT 19 PM 12:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005454**

1. Corporation Name

MONTESSORI PARENT TEACHER ORGANIZATION, INC.

Principal Place of Business

Mailing Address

1230 BANANA RIVER DRIVE
 INDIAN HARBOR BEACH FL 32937

P O BOX 372465
 SATELLITE BEACH FL 32937

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

09/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3469914

Applied For

Not Applicable

City & State

City & State

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	4 City/State/Zip
D	STALNAKER, GAIL	245 STEWART DRIVE	MERRITT ISLAND FL 32952
D	SHEIKH, DEBORAH	245 STEWART DRIVE	MERRITT ISLAND FL 32952
D	MILLER, BECKY	676 PEREGRINE DRIVE	INDIALANTIC FL 32903
D	STERNBERG, TERESA	1705 OLD GLORY BLVD	VIERA FL 32940
T	Mary Jo Campbell	542 Carriage Circle	Satellite Beach, FL 32937
D	DRESNER, ROBIN	4152 MOCKINGBIRD DRIVE	MELBOURNE FL 32904
D	BERHORST, WENDY	3885 S TROPICAL TRAIL	MERRITT ISLAND FL 32952

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOVE, JOYCE S
 2074 THOMASVILLE RD
 TALLAHASSEE FL 32312

Name
Mary Jo Campbell
 Street Address (P.O. Box Number is Not Acceptable)
542 Carriage Circle
 Suite, Apt. #, Etc.

City
Satellite Beach State
FL Zip Code
32937

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

Mary Jo Campbell REGISTERED AGENT MUST SIGN

Date

10/12/99

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)(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:

Mary Jo Campbell
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Mary Jo M. Campbell

10/12/99
 Date

773-9185
 Daytime Phone #

DOUGLASS A. PERSON, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2

October 12, 1999

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Montessori Parent Teacher
Organization, Inc.
EIN: 59-3469914
Document #: N97000005454

Please see enclosed completed "annual report notice". Enclosed is a check for \$61.25 representing the original timely fee.

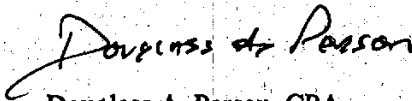
The taxpayer, Montessori Parent Teacher Organization, Inc., did in fact mail and make payment timely to your office for the 1999 Report. It is important to point out that the client has always mailed and paid their Annual Reports in a timely manner.

Please check your records, again, to see if this has been recorded. If so, please return or refund the enclosed check.

Should you have any further questions, please do not hesitate to contact me.

Very truly yours,

DOUGLASS A. PERSON, CPA, PA



Douglass A. Person, CPA

DAP/bv
Enclosure