

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000000262

1. Corporation Name

CORAL REEF MONTESSORI ACADEMY CHARTER SCHOOL, NC.

Principal Place of Business

Mailing Address

19000 S.W. 112 AVENUE
 MIAMI FL 33157
 US

10620 SOUTH WEST 149TH ST
 MIAMI FL 33176

HR



REINSTATEMENT 2000

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

01/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0840179

Not Applicable

Zip Country

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	KING, JULIET Hamler, Elsie	10620 S.W. 149 STREET 10620 S.W. 149 St.	MIAMI FL 33176 Miami, FL, 33176
VPS D	CANZORERI GOLDEN, LUCY Victor Golden, Victor	14802 S.W. 139 PLACE 14802 S.W. 139 Place	MIAMI FL 33189 Miami, FL, 33189
T	COBAUGH, KIM	14777 S.W. 139 PLACE	MIAMI FL 33189
SD D	TULLOSS, IJYA Townsend, Geraldine	1531 N.E. 117 STREET, APT. 3 24201 S.W. 120 Ave	MIAMI FL 33161 Miami, FL, 33032
D	FAUNTROY, RAY	5656 N.W. 7TH AVENUE	MIAMI FL 33127
D	SINGER, MARIA	7111 S.W. 113 COURT	MIAMI FL 33173

8. Name and Address of Current Registered Agent

KING, JULIET
 10620 SOUTH WEST 149 STREET
 ORMOND BEACH FL 32176

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City

500003508975-1
 -12/20/00--01053--021
 ***236.25 ***236.25
 State Zip Code
 FL

CR2E940 (8/00)

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

Juliet King

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/14/00

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: *Juliet King* REEKSIDE HAMLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/00

Date

305 577-8788

Daytime Phone #