

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 MAY 14 AM 9:46


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100103198111
05/24/07--01027--009 **450.00

REINSTATEMENT
CR2E081 (1/07)

05 07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039978

1. Corporation Name
Montessori Made Manageable, Inc.

2. Principal Office Address - No P.O. Box # 1015 Avondale Avenue		3. Mailing Office Address 100 The King's Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cincinnati, Ohio		City & State Cherrylog, GA	
Zip 45229	Country	Zip 30522	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **5/18/1995**

5. FEI Number **650579655**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joseph M. Scott

Street Address (P.O. Box Number is Not Acceptable)
336 Water's Edge Dr. South

Suite, Apt. #, Etc.

City
Ponte Vedra Beach

State
FL

Zip Code
32082

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

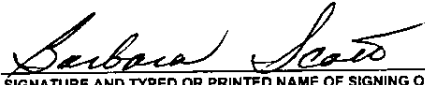
Signature of Registered Agent  Date **5/7/07**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Lisa Adarve	1015 Avondale Avenue	Cincinnati, Ohio 45229
Sec/Treas	Barbara Scott	100 The King's Court	Cherrylog, GA 30522

10. 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 contained in Chapter 119, 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:  Date **5/13/07** Daytime Phone # **706-632-1009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2

Department of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314

Attention: Andy Dunlap
Ref. Number: P95000039978

We filed for reinstatement in Feb. 2006 and forwarded our request with a check (#2822) for 2005 and 2006 filings. We received a notice this date saying that our 2007 filing check was also being returned. In the request I noted that I had a diagnosis of ovarian cancer and at almost the same time my husband who helped manage the corporation finances was diagnosed with lung cancer. Although the check for reinstatement (2/06) was cashed we have not received notice that the corporation has been reinstated as "active" and we did not receive any other notices regarding this issue. This is the first correspondence we have received. We get notices for Florida UC, sales taxes, etc. but nothing regarding our corporate reinstatement.

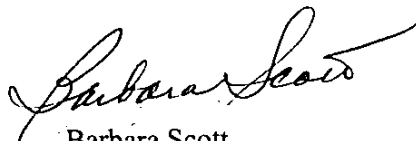
Please note we are trying to comply with all regulations in the state of Florida. We have been consistent payers from 1996 to 2004.

In hopes that this will suffice, and per instructions from Mr. Andy Dunlap on the telephone today, we are forwarding a check for \$450 for the years 2005, 2006 and 2007 Annual Reports along with this request for reinstatement. We have also put in a change of address and registered agent to:

MMM, Inc.
Joseph M. Scott
336 Water's Edge Dr. South
Ponte Vedra Beach, FL 32082

You have this information on record already.

Thank you,



Barbara Scott
Sec./Treasurer
MMM, Inc.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 14 AM 9:10

DOCUMENT # P03000132279

1. Corporation Name

JLD CLEANING INC

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
800 1031 99628
05/24/07--01031--001 ***450.00

2. Principal Office Address - No P.O. Box #
1900 SW 27TH TERRACE

3. Mailing Office Address
1900 SW 27TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 05-07
CF2E061 (10/7)

City & State
CAPE CORAL

City & State
CAPE CORAL

4. Date Incorporated or Qualified To Do Business in Florida **11/06/2003**

Zip
33914

Country
LEE

Zip
33914

Country
LEE

FBI Number
N/AE

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

ALL FLORIDA FIRM, INC,

Street Address (R.O. Box Numbers Not Applicable)
465 S. VOLUSIA AVE.

Suite, Apt. #, etc.
SUITE C

ORANGE CITY

State
FL Zip Code
32763

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

James Diorio
Date **3/22/07**
1900 SW 27th Ter. Cape Coral FL 33914

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JUDY L DIORIO	1900 SW 27TH TERRACE	CAPE CORAL FL 33914
VPS	JAMES L DIORIO	1900 SW 27TH TERRACE	CAPE CORAL FL 33914

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Diorio

04.01.07