PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 SEP -5 AM 8: 53		
DOCUMENT # P970000033	SECRETARY OF STATE - TAULAHASSEE, FLORIDA				
Montessori Preschool of Lakeland, Inc. 334 Doris Drive Lakeland, FL 33813			]   		
2. Principal Office Address 3.4 Mailing C		Office Address		17	UBR
Suite, Apt. #, etc. Suite, Apt. #,		4: Date Incor		Qualified	1-7-1997
City & State Lakeland, FL	FL City & State		To Do Business in FI  5. FEI Number 59-3429281-	onda	Applied For Not Applicable
33813 Country USA	Zip	Country	6. CERTIFICATE OF STATE		75 Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent					
Name Donald H. Wilson, Jr.					
Street Address (P.O. Box Number is Not Acceptable)					
150 East Davidson Street					
Suite, Apt. #, Etc.					
City Bartow	- <b>4</b> [ · ·			Zip Code 33830	
8. I, being appointed the registered agent of the above named dorporation on familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  Date					
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 Directo	rs	Street Address of Each Officer and/or Director		City / State / Zip	
D Stephen D. Squire		5206 Dismuke Drive		Lakeland, FL 33813	
D Angela M. Squire		5206 Dismuke Drive		Lakeland, FL 33813	
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				22794	
			09/05/03	01063008	**900.00
10. I certify that I apr 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 filling 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 any 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  Dayling Phone #					

Beasley
Speed &
company, p.a.

4940 Southfork Drive Lakeland, Florida 33813

(863) 646-1373 Fax (863) 646-8789 DENNIS E. BEASLEY certified public accountant certified valuation analyst

JERRY D. SPEED certified public accountant

August 18, 2003

Re: Montessori Preschool of Lakeland, Inc. 334 Doris Drive
Lakeland, FL 33813
Fed ID # 59-3429281
Doc # P97000003367

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Mrs. Squire recently discovered that the above listed corporation had been dissolved without her being aware of it. In going to your website and finding the enclosed information, we found the problem to be a typographical error. The address shown on the website was 334 Davis Drive, but the address is actually 334 Doris Drive. We are enclosing a copy of the incorporation papers as originally filed that showed the street name of Doris and not Davis.

Since the address was originally put into your records by clerical error, no mail was sent to Mr. or Mrs. Squire regarding the annual report. This is the first corporation that they have been involved with and therefore did not know that they would be receiving these reports to be filed each year. Therefore the corporation was dissolved by you without them being notified.

Since they were never notified, we are asking for an abatement of the reinstatement fee \$600.00. Enclosed is a check for the annual fees of \$150.00 per year that would have been paid on time if they had been notified.

We appreciate your assistance in rectifying this matter-quickly so that they can renew their licenses with the local authorities.

. Sincerely,

Dennis E. Beasley, C.P.A.

Angela Squire, Director