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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!						
CORPORATION REINSTATEMENT		DA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		02 AUG 14 / SECRETARY ( TALLAHASSEE	OF STATE	
DOCUMENT # 716301 (Non-Profit)				(All harden)	, ( (()))	
1 Companies No.						
Montessori School of Ft. Myers				0000714 -08/15/02- *****306.2	-40200 01057020 25 ****306.25	
2. Principal Office Address	3. Mailir	3. Mailing Office Address		REINSTATEMENT 01-02		
2151 Crysta	LDr.	Same				
Suite, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.				
母				4. Date Incorporated or Qualified To Do Business in Florida		
City & State	City & St	City & State		01/03/1969		
Ft. Myers	<u>(-L</u>			5. FEI Number Applied For Not Applicable		
33907 Count	· 1 =-	Country	6.		5 Additional Fee required	
33101 [	ee		CERTIFICATE	OF STATUS DESIRED (2)	or a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name Ruth Anne Azevedo						
Street Address (P.O. Box Number is Not Acceptable)						
1485 Tredegar Dr.						
Suite, Apt. #, Etc.						
- Ft. Muers - State Zip Code 3399						
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 7/22/02						
Signature of Registered Agent MUST SIGN  B. I, being appointed the pogistered agent of the above named corporation, arm familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Date 7/22/02						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles Office	Name of ers and/or Directors	Street Address of Each Officer and/or Director		City / State	ə / Zip	
VP Charle	5 P. Touton	5583 Williamson Way		F.I. Myers F.	33919	
Sec. William	n Azevedo	1485 Tredegar Dr.		Ft. MyersF	L 33919	
Fres. Ruth Ar	me Azevedo	1485 Tredecar 1		TI Wings	(1 7200	
TIES INCH TH	mie Merego	1485 Tredegar [	)γ	rt myers	155717	
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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 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  SIGNATURE  SIGNATURE AND TYPED OR PRINDED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D						
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