2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# 768425

Entity Name: MONTESSORI N.E.S.T. & CHILDREN'S HOUSE, INC.

Current Principal Place of Business:

500 S. CLAYTON ST.
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

500 S. CLAYTON ST.
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-2302237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROAK, MICHAEL A
14229 U.S. HIGHWAY 441
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL A. CROAK

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HADDEN, MERRY L
Address: 71400 SUNNY SIDE DR.
City-St-Zip: LEESBURG, FL

Title: VD ( ) Delete
Name: KEENE, PEGGY
Address: 427 S. 9TH STREET
City-St-Zip: LEESBURG, FL

Title: STD ( ) Delete
Name: DANSBERGER, DOROTHY
Address: 286 DESOTO
City-St-Zip: DELEON SPRINGS, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: BERGHOLTZ, KELLY
Address: 22939 WOLFBRANCH RD.
City-St-Zip: SORRENTO, FL 32712

Title: TRE ( ) Change (X) Addition
Name: GUENTHER, GERARD G
Address: 2055 OVERLOOK DR.
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERRY L. HADDEN PD 10/06/2005

Electronic Signature of Signing Officer or Director — Date