

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000000527

1. Corporation Name

The Montessori Foundation, Inc.

2. Principal Office Address - No P.O. Box #

2400 Miquel Bay Dr.

3. Mailing Office Address

PO Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Terra Ceia, FL

City & State

Terra Ceia, FL

Zip

34250-0130

Country

USA

Zip

34250-0130

Country

USA

7. Name and Address of Current Registered Agent

Name

Joyce St. Germaine

Street Address (P.O. Box Number is Not Acceptable)

2400 Miquel Bay Dr.

Suite, Apt. #, Etc.

City

Terra Ceia

State

FL

Zip Code

34250

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

REGISTERED AGENT MUST SIGN

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Timothy D. Seldin	2400 Miquel Bay Dr	Terra Ceia, FL 34250
VP	Joyce St. Germaine	2400 Miquel Bay Dr	Terra Ceia, FL 34250
VP	Lorin H. Blecker	9460 Copenhagen Dr.	Potomac, MD 20854
	Mahn		

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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 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:

Joyce St. Germaine

10-30-07

941-729-9565

Daytime Phone #

FILED

07 NOV -2 AM 8:53

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

1-29-1998

5. FEI Number

52-1798231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.