

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J05595

1. Corporation Name

ANNSWORTH MONTESSORI ACADEMY, INC.

Principal Place of Business

Mailing Address

5990 142ND AVE. NORTH  
CLEARWATER FL 33760

5990 142ND AVE. NORTH  
CLEARWATER FL 33760

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2649376

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RAY, JEANNE	700 STARKEY RD. #1121	LARGO FL 33771
V	JOHNSON, LINDA	11201 - 122ND AVE., N., #228	LARGO FL 33778

4000003677824--5  
-02/13/01--01108--029  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

RAY, JEANNE  
700 STARKEY RD. #1121  
LARGO FL 33771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Jeane Ray*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 1/10/04

11. 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.

KE

SIGNATURE:

*Jeane Ray*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/04 727-539-7926  
Date Daytime Phone #

CR2E040 (8/00)