



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:09

DOCUMENT# NQ0000000345 1. Entity Name MONTESSORI TIDES CHILDRENS FOUNDATION, INCORPORATED					
Principal Place of Business 1015 ATLANTIC BLVD STE 145 ATLANTIC BEACH, FL 32233			Mailing Address 1015 ATLANTIC BLVD STE 145 JACKSONVILLE, FL 32233		
2. Principal Place of Business - No P.O. Box # 1015 Atlantic Blvd		3. Mailing Address 1015 Atlantic Blvd		 12152008 REIN-NP CR2E099 (1/07)	
Suite, Apt. #, etc. Suite 418		Suite, Apt. #, etc. Suite 418			
City & State Atlantic Bch FL		City & State Atlantic Bch FL			
Zip 32233		Zip 32233			
Country Duval		Country Duval		4. FEI Number 59-3620659	
5. Certificate of Status Desired <input type="checkbox"/> \$8-75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ABEER, RUKAB 4725 KERNAN MILL LANE EAST JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Rachel Dorrian Street Address (P.O. Box Number is Not Acceptable) 510 Lora St City Neptune Bch FL Zip Code 32266		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Rachel Dorrian</i></u> rachel dorrian 12/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABEER, RUKAB 4725 KERNAN MILL LANE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dorrian Rachel 510 Lora St Neptune Bch FL 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GROSS, SARA 1751 SEA OATS DRIVE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300139168353 12/19/08--01030--001 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DELEON, DEANNE 832 16TH AVE. N JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - - -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Rachel Dorrian</i></u> Rachel Dorrian 12/17/08 904 662-2203 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

12/22/08