

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008819**

1. Corporation Name

OFIGINS MONTESSORI CHARTER SCHOOL, INC.

Principal Place of Business

Mailing Address

105 CORAL BELL CT.
ORLANDO FL 32807-6115

105 CORAL BELL CT.
ORLANDO FL 32807-6115

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

5. FEI Number **01-0664452**

Applied For

APPLIED FOR

Not Applicable

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
CEOP	SANBORN, JULIE	105 CORAL BELL COURT	ORLANDO FL 32807
CD	MELTON, CARLA	1529 VAN HERCKE LANE	OVIEDO FL 32766
VCD	ROBERTSON, DAVE	1305 FERN FOREST RUN	OVIEDO FL 32765
SD	BRUNSON, DIANE	8603 BAYLOR CIRCLE	ORLANDO FL 32817
T	DALLAU, RENETTE Janet Smith	547 HILLCREST 510 N. Semoran Blvd	ALTAMONTE SPRINGS FL 32701 Orlando 32807
D	WINDHAM, DIANE	4204 TARA COURT	ORLANDO FL 32809

8. Name and Address of Current Registered Agent

SANBORN, JULIE
105 CORAL BELL CT.
ORLANDO FL 32807-6115

9. Name and Address of New Registered Agent

Name

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

200024458962

Suite, Apt. #, Etc.

11/05/03--01067--018 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

Julie Sanborn
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

October 19, 2003

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.

SIGNATURE:

Julie Sanborn
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 19, 2003 407-275-1577

Daytime Phone #

CR2E040 (7/03)