

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY -9 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004799**

1. Corporation Name

**MONTESSORI ORGANIZATION OF DADE, INC.**

Principal Place of Business

6330 SW 40TH ST.  
SOUTH MIAMI FL

Mailing Address

6330 SW 40TH ST.  
SOUTH MIAMI FL

**REINSTATEMENT** 95-97  
5/14/97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

09/19/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6. **APPLIED FOR**  
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CALABRESE, ELIZABETH	20130 SW 304TH ST.	HOMESTEAD FL 33030
D	KIMREY, <del>WILLIAM</del> ROD	8640 SW 112TH ST.	MIAMI FL 33015
D	LEVINE, SUSAN	7755 NW 178TH ST.	MIAMI FL 33015
D	MCGHEE, BEVERLY	7750 SW 144TH ST.	MIAMI FL 33158
D	SAMUELSON, MELANIE	9718 BIRD RD.	MIAMI FL 33165
D	VICKERS, LAURA	1480 KENNEDY COLLEGE WAY	N. BAY VILLAGE FL

8. Name and Address of Current Registered Agent

WAGNER, ANDREW K  
6330 SW 40TH ST.  
SOUTH MIAMI FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700002181797--1  
05/16/97 01106-008  
\*\*\*358.75 \*\*\*358.75

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

*Andrew K. Wagner*

REGISTERED AGENT MUST SIGN

Date

5/5/97  
12/5/95

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Andrew K. Wagner*

ANDREW K. WAGNER

12/5/95

(305)  
661-6434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #