

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 25 AM 8:00

DOCUMENT # N94000004799 (2)

1. Corporation Name

MONTESORI ORGANIZATION OF DADE, INC.

2. Principal Office Address

8640 SW 112 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33156

Country

USA

3. Mailing Office Address

8640 SW 112 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33156

Country

USA

**REINSTATEMENT** 98-04  
MRD

800040496588

08/25/04--01043--004 \*\*603.75

4. Date Incorporated or Qualified

To Do Business in Florida 9-19-94

5. FEI Number

65-0527302

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROD KIMREY

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

11456 SW 86 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

Rod Kimrey

REGISTERED AGENT MUST SIGN

Date 8-18-04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | ANDREW WAGNER                        | 6330 SW 40 ST                                     | MIAMI, FLA. 33155  |
| VP     | ELEANOR WINHOLD                      | 17550 S. DIXIE HWY                                | MIAMI, FLA. 33157  |
| T      | ROD KIMREY                           | 11456 SW 86 LANE                                  | MIAMI, FLA. 33173  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 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:

Rod Kimrey - ROD KIMREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-04

Date

305582-8465

Daytime Phone #

CR2E081 (01/04)