

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000004799

1. Entity Name  
MONTESSORI ORGANIZATION OF DADE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 AM 9:19

Principal Place of Business  
8640 SW 112 ST  
MIAMI, FL 33156

Mailing Address  
8640 SW 112 ST  
MIAMI, FL 33156

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172006 REIN-NP CR2E099 (11/05)

City & State

City & State

4. FEI Number  
65-0527302

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMREY, ROD  
11456 SW 86 LANE  
MIAMI, FL 33173

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 P ☐ Delete  
NAME WAGNER, ANDREW  
STREET ADDRESS 6330 SW 40 ST  
CITY - ST - ZIP MIAMI, FL 33155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VP ☐ Delete  
NAME WINHOLD, ELEANOR  
STREET ADDRESS 17550 S DIXIE HWY  
CITY - ST - ZIP MIAMI, FL 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE T ☐ Delete  
NAME KIMREY, ROD  
STREET ADDRESS 11456 SW 86 LANE  
CITY - ST - ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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:

*Rod Kimrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-06

305-238-8325