PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

FILED STATE

01 APR 18 PM 12: 39

## DOCUMENT # N9500004481

1. Corporation Name

LAKE MONTESSORI PARENT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

222 WEST ALFRED STREET

222 WEST ALFRED STREET TAVARES EL 32778

If above addresses and incorrect in any way, fine through incorrect information and enter correction is BENSTATEMENT   2. New Principal Office Address. If Agricable   3. New Mailing Office Address. If Agricable   4. Data Incorporated or Qualified to De Business in Florida   50,001,005   50,001,005   50,001,005   50,000   50	TAVARES FL 32778		TAVARES FL 32778		T I NOBILISA DÎN ININE MISIY BULIY ININE KARDI 1707 1005		
2. New Principal Office Address. If Applicable 3-New Mailing Office Address. If Applicable 69/20/1995  Sulp. Appl. A. Sulp. Appl. A. Sulfa, Appl. Appl	If above addresses are incorrect in any way, line through incorrect information and enter correction beam FINSTATEVIENT						
Supply 1. Felly (1. 1) Country (1. 1) Supply 1. Country (1. 1) Supply 1					Date Incorporated or Qualified     To Do Rusiness in Florida	corporated or Qualified	
Convergence of the application and Address of Current Registered Agent  Cooney, GARY J  Cooney	Suite, Apt.	#, etg.	Suite, Apt, #, etc.	0 1		09/20/1995	
September   Country   Dollar			City & States	NORTH BAKEN 5. FEI Num			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Address of Each Officer and/or Directors  8. Street Address of Each Officer and/or Directors  8. Street Address of Each Officer and/or Directors  9. Name and Address of State   21p	Mou	OT UDRA FL	MOUNT DORA			1 1.121.451.000	
Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip  D PAYNE_LORINDA*  D PEREGOY, JOHN COCKAELL A / 2 1964 VINCENT DP AND ETTO	32757 SA 32757 US/4 CERTIFICATE OF STATUS DESIRED of tor a Certificate of Status						
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip  D PAYNE, LORINDA  D PEREGOY, JOHN  COCK RELL, 1/2 1970 FR. 1981  D VEACEN, KAREN, 1/2 1970 FR. 1981  D VEACEN, 1/2 1970 FR. 1970 FR. 1970  D VEACEN, 1/2 1970  D VEACEN, 1/2 1970  D VEACEN, 1/2 1970  D VEACEN, 1/2 1970  D VEACEN, 1	The state of the s						
D SEGON, JOHN COCKPELL, LIZ 1978 CR 1981 REVELS RD 1982 CR 1983 CR 2915 PROMEY IN THE HILLS, K 3473, C	Title(s) 1	and/or Directors	l c	Officer and/or Director		City / State / Zip	
D YEACER, KAREN YOST, VICKI  BROWN, MARY ANN 33548 OVERTON IR  BROWN, MARY ANN 33548 OVERTON IR  LESSBURG, FL 347148  LESSBURG, FL 3471	D		1064 VINCENT		MT. DORA FL 32757 LEESBURG	MT. DORA FL 32757 LEESBURG, FL 34748	
Street Address of Current Registered Agent   Servet Address of New Registered Agent   Street Address of New Registered Agent   Street Address of Street Address of New Registered Agent   Street Address of Street Address of Street Address of New Registered Agent   Street Agent   Stre	D			REVELS	RD HOWEY-IN-TI	HOWEY-IN-THE-HIMS, KE 34737	
COONEY, CARY  CHO NORTH BAKER ST.  10110411 -011884-036  ******358.75  8. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  COONEY, GARY J  222 WEST ALFRED STREET  TAVARES FL 32778  Suite, Apt. #, Etc.  City  ON TON THE STREET  City  Registered Agent  10. I, being appointed the registerer agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signatury of Registered Agent  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 filling this reinstatement application, the gason 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:	D -	YEAGER, KAREN, 421 YOST / VICKI 33		<del>BR.</del> AKE BENO C	TRUITLAND FL 3473	FRUITLAND FL 34731 LEESBURG, FL 34788	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  COONEY, GARY J  222 WEST ALFRED STREET  TAVARES FL 32778  Street Address (P.O. Box Number is Not Acceptable)  City  ONATH  Sauch  State  City  ONATH  Sauch  State  City  ONATH  REGISTERED AGENT MUST SIGN  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 bason 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 short have the same legal effect as if made under oath.  SIGNATURE:  STATESTREED AGENT MUST SIGN  Date  ONLY  ONLY	D BROWN, MARY ANN 33548			OVERTON.	DR LEESBURG	, Fz 341748	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  COONEY, GARY J  222 WEST ALFRED STREET  TAVARES FL 32778  Suite, Apt. #, Etc.  City  DUAT  DAA  FL  32.75.7  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.  Signatu's of Registered Agent  REGISTERED AGENT MUST SIGN  11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application, the deason 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 may signature short have the same legal effect as if made under oath.  SIGNATURE:	<i>D</i>					MFE 32757	
8. Name and Address of Current Registered Agent    Name					-04/25/01		
COONEY, GARY J 222 WEST ALFRED STREET TAVARES FL 32778  Suite, Apt. #, Etc.  City  Date  City  Date  City  Registered Agent  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 filling this reinstatement application, the (sason 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:  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptab							
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