

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 18 PM 12:39

DOCUMENT # N95000004481

1. Corporation Name

LAKE MONTESSORI PARENT ORGANIZATION, INC.

Principal Place of Business

222 WEST ALFRED STREET
TAVARES FL 32778

Mailing Address

222 WEST ALFRED STREET
TAVARES FL 32778



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1995

Suite, Apt. #, etc.

640 NORTH BAKER ST

Suite, Apt. #, etc.

640 NORTH BAKER

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

Zip

32757

Country

USA

Zip

32757

Country

USA

5. FEI Number

59-3351557

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PAYNE, LORINDA CHEN, LIZ	1084 VINCENT DR. 1108 N. PALMETTO	MT. DORA FL 32757 LEESBURG, FL 34748
D	PEREGOY, JOHN COCKRELL, LIZ	18738 CR 100H 10960 E REVELS RD	LADY LAKE FL 32159 HOWEY-IN-THE-HILLS, FL 34737
D	YEAGER, KAREN YOST, VICKI	4216 IDLEWILD DR. 33414 LAKE BEND CIR	FRUITLAND FL 34731 LEESBURG, FL 34788
D	BROWN, MARY ANN	33548 OVERTON DR	LEESBURG, FL 34748
D	COONEY, GARY	640 NORTH BAKER ST.	MOUNT DORA FL 32757
			400004018204-3 -04/25/01--01084--036 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

COONEY, GARY J
222 WEST ALFRED STREET
TAVARES FL 32778

9. Name and Address of New Registered Agent

Name

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

640 NORTH BAKER STREET

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

04/12/01

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:

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

GARY J. COONEY

04/12/01

352-383-9090

Date

Daytime Phone #

CR2E040 (8/99)