

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N99000007482**

1. Corporation Name

**MUNN'S MONTESSORI HOME SCHOOL, INC.**

Principal Place of Business

1360 NE 23 COURT  
 POMPANO BEACH FL 33064

Mailing Address

1360 NE 23 COURT  
 POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/20/1999

5. FEI Number

65-0984014

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	MUNN, CHRISTINE	1360 NE 23 COURT	POMPANO BEACH FL 33064
D/VP	MUNN, EDGAR	1360 NE 23 COURT	POMPANO BEACH FL 33064
D/ST	JACOBSEN, CHRISTINE	1360 NE 23 COURT	POMPANO BEACH FL 33064

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

MUNN, CHRISTINE  
 1360 NE 23 COURT  
 POMPANO BEACH FL 33064

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  
**FL**

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.

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-12/03/01--01001--013

\*\*\*\*271.25 \*\*\*\*236.25

Date 10-30-01

Signature of Registered Agent

*Christine Munn*

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T LEWIS NOV 30 2001  
 10-30-01 9547841002

FILED  
 01 NOV -7 AM 11:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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