10f2

ك -	PLEASE READ A	ALL INSTRUCT	IONS BEFORE C	OMPLE II	NG THIS FORM.	10,0				
COR	PORATION	Katherir Secretar	TMENT OF STATE ne Harris y of State corporations	02	FILED MAY -6 AMII: 20					
DOCUMENT # POOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO					SECRETARY OF STATE CAST TALLAHASSEF, FLORE OF COLON					
2. Principal Office Address 2532 Cobblestone Way Suite, Apt. #, etc. City & State Boça Raton / Fl Zip Country 33438 USA		3. Mailing Office Address 12530 Cobbbestone Way Suite, Apt. #, etc. City & State Boxa Raton, Fl Zip Country 38438 USA		4. Date Incorporated or Qualified To Do Business in Florida 3 17 00 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED Status 8. 75 Additional Fee required for a Certificate of Status						
Name Ferrondo Rodriguez Street Address (P.O. Box Number is Not Acceptable) 12532 Cobblestone Wou 4000055545848 Suite, Apt. #, Etc. + ****150.00 ***** 150.00 City State Zip Code FL 33 438 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 Parallel Registered Registered Agent Parallel Registered Registered Agent Parallel Registered Registered Agent Parallel Registered Regist										
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City (State / Zin										
	Officers and/or Directors Officer and/or Director			l	•					

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 filling 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.

SIG	N.	Δ	TI	ID	F٠

P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Rodriguez

2 BlOA (201)/183-3838

12532 Cobblestone Way Boca Raton, F133488

12532 Coldestore Way Boxa Raton, F1 33428

2012

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

May 3, 2002

Dear Division of Corporations Representative:

I just noticed in the Sunbiz website that my corporations had been dissolved. I spoke with a lady on the phone that informed me that my payments had been received and deposited but that because their had been an error with the application it had been returned to me. I never received them and for that reason, I did not send it back. Please, accept my reinstatement payment for this year and waive any fees for the previous years. If I had received the applications, I would have certainly returned it. Also the address that you have for the corporations is incorrect. Please, make all necessary corrections.

Corporation: Royal Palm Montessori Academy, INC.

12532 Cobblestone Way Boca Raton, FL 33428

Corporation: F&M Boca Properties

12532 Cobblestone Way Boca Raton, FL 33428

Phone: (561) 483-3838

Sincerely,

Fernando Rodriguez