PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COR	PORATION STATEMENT	Katheri ı Secretar	TMENT OF STATE ne Harris y of State corporations	02 M	FILED AY-6 AMII: 17		
DOCUMENT # P0000005088 1. Corporation Name Royal Palm Montessori, Academy, Inc.				SECR TALL	RETARY OF STATE AHASSEEL FLOPING OLOZ		
	l Office Address Coloblestone Way	3. Mailing Office Address 12532 Cobb	ss Slestone Way	05/22	2/01 90044 029 \$1	50. ⁰⁰	
City & State Deca Raton F Zip		City & State Baca Raton, FI Zip Country 33428 USA		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED (1) 33.75 Add total For Equired for a Certificate of Status			
7. Name and Address of Current Registered Agent							
	Street Address (P.O. Box Number is Not Acceptable) 12532 Cobblestone Way Suite, Apt. #, Etc. City Box Raton				5000055545755 -05/16/0201032016 ****150.00 ****150.00 State Zip Code FL 33438		
8. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligation. Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date <u>5,3103</u>	CR2E081 (9/01	
9. Names	and Street Addresses of Each Officer an	d/or Director (Florida nonpr	ofit corporations must list at le	ast 3 directors)		_	
Titles	Name of Officers and/or Directors	1	Street Address of Each Officer and/or Director		City / State / Zip		
P	Migdalia Rodric	10ez 1253	sa cobbleston	e Way	· Boca Raton, F133438	_	
	Fernando Rodrig	-	a Coddeston	e way.	Boox Raton, F133428		
S	Dayanii Rodrigi	rz 1253	a colldeston	e man	Boca Raton, F133428		
						-	
	4900	:				1	
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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #							

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

May 3, 2002

Dear Division of Corporations Representative:

Ljust 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