# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT # P00000005088

1. Corporation Name

# ROYAL PALM MONTESSORI ACADEMY, INC.

Principal Place of Business

Mailing Address

12532 COBBLESTONE WAY **BOCA RATON FL 33428** 

12532 COBBLESTONE WAY **BOCA RATON FL 33428** 

8. Name and Address of Current Registered Agent

REINSTATEMENT 64

FILED

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SEURE IANY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida	01/11/2000	
uite, Apt. #, etc. ity & State		Suite, Apt. #, etc.  City & State		01/11/2000		
				5. FEI Number		Applied For
				65-0976515		Not Applicable
ip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Addi for a Cer	tional Fee required tificate of Status

7. Names	and Street Addresses of Each Officer and/or Director (Flo.	rida nonprofit corporations must list at least 3 directors)	
Titie(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P +	RODRIGUEZ, MIGDALIA	12532 COBBLESTONE WAY	BOCA RATON FL 33428
V .	RODRIGUEZ, FERNANDEZ	12532 COBBLESTONE WAY	BOCA RATON FL 33428
S	RODRIGUEZ, DAYAMI	12532 COBBLESTONE WAY	BOCA RATON FL 33428
		10/15/	<del>0023805884</del> 0301023017 **175.00

RODRIGUEZ, FERNANDO 12532 COBBLESTONE WAY BOCA"RATON"FL"33428	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt#, Etc.			
	City	State Zip Code		
0. I, being appointed the registered agent of the above named corporation, am familiar wi	th and accept the obligations of Section 607.0505, F.S. or 6	317.0505, F.S.		

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

9. Name and Address of New 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 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Dept of State Division of Coorporations P.O. Box 6327

Tallahassee, FL 32314

Letter Number: 503A00056570 Reference Number: P00000005088

October 21, 2003

Dear Mr. Shivers:

I just received a letter that said ROYAL PALM MONTESSORI ACADEMY, INC. had to be reinstated. I had sent a check to file this year for \$175, which you kept. I just received the enclosed letter saying that I had a balance. My company has not been inactive for any amount of time. When I called your office, a gentleman mentioned that the fee had been due since May. But the day I received the application I sent the check. This is the only correspondence, aside from the attached letter, that I have received from your office. Every year my corporation has been renewed and I am very interested in keeping it active. Please, check my files and advise me on what to do.

Thank you for your attention to this matter.

Sincerely,

Fernando Rodriguez

Vice President