

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 PM 1:59

DOCUMENT # **P02000068488**

1. Corporation Name

MADELINE MONTESSORI SCHOOL INC.

Principal Place of Business

Mailing Address

20816 SW 85TH PL.
MIAMI FL 33189

20816 SW 85TH PL.
MIAMI FL 33189



REINSTATEMENT 03

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

06/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	Madelin Taboada	20816 SW 85 PL	Miami FL 33189

700024054817

10/23/03--01078--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TABOADA, MADELIN
20816 SW 85TH PL.
MIAMI FL 33189

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Madelin Taboada

REGISTERED AGENT MUST SIGN

Date

10/18/03

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:

Madelin Taboada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/03 786-853-6661

Date

Daytime Phone #

CR2E040 (7/03)

Madeline Montessori School

20816 SW 85 Place
Miami, FL 33189
(305) 233-6661

2/2

October 17, 2003

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

Dear Sir or Madam:

I have not received any prior uniform business report (UBR). There are three same addresses in my neighborhood ending with either Ct, Ave or Pl. My address ends with Place resulting in my mail getting lost. I am including the filled out form and the \$150.00 filing fee.

Sincerely,

Madelin Taboada

President and registered agent

Madeline Montessori School Inc.