

B 102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 21 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P 02-83697

1. Corporation Name

CASA MIA MONTESSORI

2. Principal Office Address

2093 SW 22 ST.

3. Mailing Office Address

2093 SW 22 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33145

Country

Dade

Zip

33145

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/1/02

5. FEI Number

74-3059269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT JB-24

7. Name and Address of Current Registered Agent

Name

RICARDO SAMAYOA

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

5294 SW 69 PL

100033476391

04/21/04--01077--011 **300.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Ricardo Samayoa
REGISTERED AGENT MUST SIGN

Date

4/3/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	Claudia Aguilar	5294 SW 69 PL Miami, FL 33155	

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 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:

Claudia Aguilar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/04

Daytime Phone #

305-285-4844

CR2E081 (01/04)

CT

B3 2002

Casa Mia Montessori

2093 SW 22 Street, Miami, FL 33145
Phone (305) 285-4844

March, 23, 2004.

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Reference – Document # P02000083647.

Dear Sirs:

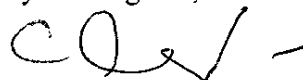
Recently I observed the page www.sunbiz.org and it was a surprise to me that our corporation is INACTIVE. The reason that I think may have caused this is that, we have not received any notification regarding that a payment was due.

We did not receive any mail since we did not started our operation until August 2003, therefore, there was no one to receive the mail at Casa Mia Montessori. In addition, our registered agent (who is the lawyer who formed the corporation) moved out of town early in 2003. Therefore, we could not get any notification from him either. To prevent this from happening again, I am requesting to change my registered agent to be my husband:

Ricardo Samayoa
5294 SW 69 Place
Miami, FL 33155

I also want to request if I can be waived any fees, since as explained above we did not receive any notification. Please, help me with this because we are starting out with our business and our cash flow is low. I am sending with this letter a check for \$ 150 to pay for the 2003 annual report. We hope for a favorable resolution from your behalf, and I thank you in advance.

My best regards,


Claudia Aguilar
PD – Casa Mia Montessori