

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 29, 2004  
Secretary of State**

DOCUMENT# P03000125645

Entity Name: MONTESSORI INSTITUTE OF BROWARD, INC.

**Current Principal Place of Business:**

C/O DON GONZALEZ, P.A.  
1820 N CORP LAKES BLVD STE 201  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DON GONZALEZ, P.A.  
1820 N CORP LAKES BLVD STE 201  
WESTON, FL 33326

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DON GONZALEZ, P.A.  
1820 N CORP LAKES BLVD  
STE 201  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      PTD                      ( ) Delete  
Name:                      COVARRUBIAS, DANIEL  
Address:                      C/O 1820 N. CORP. LAKES BLVD., #201  
City-St-Zip:                      WESTON, FL 33326

Title:                      VSD                      ( ) Delete  
Name:                      CASTILLO, RAYMUNDO DEL  
Address:                      C/O 1820 N. CORP. LAKES BLVD., #201  
City-St-Zip:                      WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL COVARRUBIAS

PTD

10/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date