

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95000064486**

1. Corporation Name

MONTESSORI WAY INC

Principal Place of Business

Mailing Address

**2501 S. BUNNY AVE
ORLANDO, FL 32806**

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

8/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-333 0858

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	TAMARA N. VICAROUTIN	2501 S. BUNNY AVE	ORLANDO, FL 32806
			500002454535-7 -03/12/98--01004--006 *****515.00 *****515.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DANIEL J. GOOCHINS
2501 S. BUNNY AVE
ORLANDO, FL 32806**

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.

Signature of
Registered Agent

Daniel J. Goochins
REGISTERED AGENT MUST SIGN

Date **3/9/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Daniel J. Goochins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/98
Date

407. 894. 8510
Daytime Phone #

CR20040 (1/98)

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MARCH 9, 1998

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

RE: MONTESSORI WAY, INC.
P95000064486

TO WHOM IT MAY CONCERN,

WE REQUEST A WAIVER OF THE REINSTATEMENT FEE FOR MONTESSORI WAY, INC. WE DID NOT REALIZE UNTIL SOMEONE ASKED US TO CHECK ON THE STATUS OF OUR CORPORATION THAT IT HAD BEEN ADMINISTRATIVELY DISOLVED FOR FAILURE TO FILE ANNUAL REPORT FOR 1996. WE WERE NOT AWARE THAT WE NEEDED TO FILE SUCH A REPORT AND, DUE TO A CHANGE IN MAILING ADDRESS, NEVER RECEIVED THE REQUEST FOR THE REPORT OR THE NOTIFICATION OF BEING DISOLVED.

SINCERELY,



TAYYABA N. VICARUDDIN
PRESIDENT

96-98