


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:44

DOCUMENT # P96000032675

1. Corporation Name

MONTESSORI ISLAND SCHOOL, INC.

Principal Place of Business

Mailing Address

92295 OLD STATE ROAD 4-A
TAVERNIER FL 33070

POST OFFICE BOX 716
TAVERNIER FL 33070



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1996

5. FEI Number

65-0691767

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	KAMINSTEIN, BETH	92295 OLD STATE ROAD 4-A	TAVERNIER FL 33070
VD	SMITH, SARAH	92295 OLD STATE ROAD 4-A	TAVERNIER FL 33070
STD	LEVY, RONALD B	92295 OLD STATE ROAD 4-A	TAVERNIER FL 33070
V	HANSEN, STEPHEN	92295 OLD STATE ROAD 4-A	TAVERNIER FL 33070
D	MELENDEZ, KELLY	92295 OLD STATE RD., 4-A	TAVERNIER FL 33070

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVY, RONALD B
92295 OLD STATE ROAD 4-A
TAVERNIER FL 33070

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

REGISTERED AGENT MUST SIGN

Date

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 305 852-3438

CR2E040 (8/01)

GENE S. BONHAM, C.P.A., P.A.

1999 UNIVERSITY DRIVE, SUITE 212
CORAL SPRINGS, FLORIDA 33071
(954) 753-6966 • FAX (954) 753-6999

Member
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

October 16, 2001

Mr. Sean Toner
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Montessori Island School, Inc.

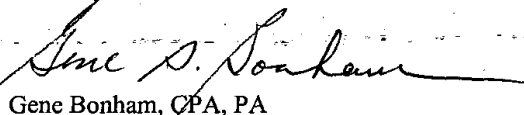
Dear Mr. Toner:

As the recently appointed outside Certified Public Accountant for Montessori Island School, Inc., they advised me that their former accountant had not turned over to them the requisite 2001 Annual Report that was received by the then accountant. Therefore, I am requesting your assistance in this matter and I have enclosed the Application for Reinstatement along with their check in the amount of \$150.

The former accountant had moved out of the area and would not return telephone calls or advise them of the required filing of the report.

Your assistance in this matter is greatly appreciated and if I can be of any assistance, please contact me at (954) 753-6966.

Sincerely,



Gene Bonham, CPA, PA

Cc: Beth Kaminstein

Enclosures