

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032675

1. Corporation Name

Montessori Island School, Inc.

2. Principal Office Address

92295 Old State Road 4-A

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip

33070

Country

US

3. Mailing Office Address

92295 Old State Road 4-A

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip

33070

Country

US

**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. Name and Address of Current Registered Agent

Name

Beth Kaminstein

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

92295 Old State Road 4-A

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

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

Date 08/26/2004

REGISTERED AGENT MUST SIGN

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
PD	Beth Kaminstein	92295 Old State Road 4-A	Tavernier, FL 33070
VD	Sarah Smith	92295 Old State Road 4-A	Tavernier, FL 33070
STD	Ronald B. Levy	92295 Old State Road 4-A	Tavernier, FL 33070
V	Stephen Hansen	92295 Old State Road 4-A	Tavernier, FL 33070

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/2004

Date

305/852-3438

Daytime Phone #

CR2E081 (01/04)