

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000024253

FILED
Oct 14, 2009
Secretary of State

Entity Name: MONTESSORI BILINGUAL ACADEMY, INC.

Current Principal Place of Business:

61 SOUTH DEAN ROAD
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

61 SOUTH DEAN ROAD
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3428871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRES, LUCELIS
9024 HAYWOOD CT
ORLANDO, FL 32825 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: LUCELIS TORRES

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: CEO () Delete
Name: TORRES, LUCELIS
Address: 9024 HAYWOOD CT
City-St-Zip: ORLANDO, FL 32825

Title: SEC () Delete
Name: MALDONADO, SHARON N MISS
Address: 9024 HAYWOOD CT.
City-St-Zip: ORLANDO, FL 32825 US

Title: CFO () Delete
Name: MALDONADO, SHIRAH Y MRS
Address: 9024 HAYWOOD CT.
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: MALDONADO, SHARON N MISS
Address: 9024 HAYWOOD CT.
City-St-Zip: 8217 SUNSPRING CIR. # 33, FL 32825 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUCELIS TORRES

CEO

10/14/2009

Electronic Signature of Signing Officer or Director

Date