2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000048179

Entity Name: APPLE SEED MONTESSORI SCHOOL, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7755 N.W. 178TH STREET MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

7755 N.W. 178TH STREET 17710 NW 73 AVENUE MIAMI, FL 33015 SUITE 201 MIAMI LAKES, FL 33015

FEI Number: 65-0838885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SANDERS, BERTA M CPA 9550 NW 77 AVE STE 3 HIALEAH, FL 33016 US

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: BERTA M SANDERS CPA

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SCOTTO, DORA O
 Name:
 CIFUENTES, MAUREEN A

 Address:
 5221 N.W. 195 TERRACE
 Address:
 17710 NW 73 AVENUE

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:
 MIAMI LAKES, FL 33015

Title: SD () Delete Title: VP (X) Change () Addition
Name: SCOTTO MARA G Name: SCOTTO DORA O

 Name:
 SCOTTO, MARA G
 Name:
 SCOTTO, DORA O

 Address:
 7755 NW 178TH STREET
 Address:
 7755 NW 178TH STREET

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 MIAMI, FL 33015

Title: VD (X) Delete Title: () Change () Addition

 Name:
 SCOTTO, HUGO
 Name:

 Address:
 5221 N.W. 195 TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

 Name:
 SCOTTO, GRACIELA
 Name:

 Address:
 7755 NW 178TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33015
 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: MAUREEN A CIFUENTES P 01/08/2008