

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **098000090363**

1. Corporation Name

Montessori Heritage II, INC.

406000032836

2. Principal Office Address

901 Begonia Road
Suite, Apt. #, etc.

3. Mailing Office Address

901 Begonia Road
Suite, Apt. #, etc.

City & State

Celebration FL

City & State

Celebration FL

Zip

34747

Country

USA

Zip

34747

Country

USA

REINSTATEMENT
CR2E081 (12/05)

04-26

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-1998

5. FEI Number

593538630

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

Helen De Vere

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

609 Mulberry Ave

Suite, Apt. #, Etc.

City

Celebration

State

FL

Zip Code

34747

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

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
DD	Helen De Vere	609 Mulberry Ave	Celebration FL 34747
VMT	Karen Simon	609 Mulberry Ave	Celebration FL 34747

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08/11/06 01011 020 ***458.00

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 contained in Chapter 119, 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:

Helen De Vere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-06

Date

Daytime Phone #

8/7/06

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MONTESSORI SCHOOL OF CELEBRATION

901 Begonia Road, Celebration, FL 34747

Tel: 407.566.1561 Fax: 407.566.1544 Email: montessori.school@celebration.fl.us

July 5, 2006

Montessori Heritage II, INC.

Principal address and mailing address:

901 Begonia Road

Celebration, FL 34747

407-566-1561

Fax 407-566-1544

Document number P98000090363

FEI number 593538630

To whom it may concern,

In renewing our annual report for another corporation, we realized that we did not have a renewal for the above named corporation. We went on your website and found that it was INACTIVE. We changed our address and moved in January 2004. We never received notice of renewal. We have enclosed \$450 to have the corporation status changed to ACTIVE.

If there is any further documentation needed please let us know.

Thanking you advance.

Helen DeVere, President