

APPROVED AND FILED *Page 1 of 2*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 AUG -7 PM 3:51
 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.
~~*40600032836*~~

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address <i>901 Beyonia Road</i> Suite, Apt. #, etc. | | 3. Mailing Office Address <i>901 Beyonia Road</i> Suite, Apt. #, etc. | |
| City & State <i>Celebration FL</i> | | City & State <i>Celebration FL</i> | |
| Zip <i>34747</i> | Country <i>USA</i> | Zip <i>34747</i> | Country <i>USA</i> |

REINSTATEMENT *04-26*
 CR2E081 (12/05)

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 |
|------------|-----------------------------------|--|-----------------------------|
| <i>DD</i> | <i>Helen De Vere</i> | <i>609 Mulberry Ave</i> | <i>Celebration FL 34747</i> |
| <i>VMT</i> | <i>Karen Simon</i> | <i>609 Mulberry Ave</i> | <i>Celebration FL 34747</i> |
| | | | |
| | | | |

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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* *8-1-06*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/7/06

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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