

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 16 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 121667

1. Corporation Name

Bridges Montessori, Inc.

REINSTATEMENT 03-04

500028783415

02/16/04--01019--015 \*\*308.75

2. Principal Office Address

51 SE Central Parkway

3. Mailing Office Address

51 SE Central Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida Jan 1993

5. FEI Number

65-0323581

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

Tracey F. Etelson

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

51 SE Central Parkway

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/10/04

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
PVPS	Tracey F. Etelson	6877 SW 48th Avenue	Palm City, FL 34990

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/10/04

772-221-9490

Date

Daytime Phone #

CR2E081 (01/04)



February 10, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bridges Montessori, Inc.  
FEIN: 65-0323581

To Whom it May Concern:

It has just been brought to our attention by our banking institution that our corporation no longer exists. Upon researching this matter, we found that our office was never in receipt of the 2003 Uniform Business Report (UBR) Form, therefore, it was not submitted for 2003. Our office has not received the 2004 UBR Form.

Pursuant to our telephone conversation with your office's representative, Andy Dunlap, enclosed please find a Corporation Reinstatement Form for the captioned business, along with our check in the amount of \$308.75, representing payment for 2003, 2004 and a Certificate of Status.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact our office.

Sincerely,

Tracey F. Etelson  
President/Owner

Fifty One  
S.E. Central Pkwy.  
Stuart, FL 34994  
772.221.9490  
Fax: 772.221.9897