

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 05, 2006  
Secretary of State**

DOCUMENT# 735189

Entity Name: LAKE MONTESSORI, INC.

**Current Principal Place of Business:**

415 N. LEE STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

415 N. LEE STREET  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 59-1648294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CONNER, TIM R PD  
909 BOYLESTON STREET  
LEESBURG, FL 34748 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: TIM R. CONNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: CONNER, SANDRA P  
Address: 909 BOYLESTON ST.  
City-St-Zip: LEESBURG, FL 34748

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

Title: PD ( ) Delete  
Name: CONNER, TIM R  
Address: 909 BOYLESTON ST.  
City-St-Zip: LEESBURG, FL 34748

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

Title: D ( ) Delete  
Name: WAGNER, ERIN C  
Address: 10042 DORSET DR.  
City-St-Zip: LEESBURG, FL 34788

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN C. WAGNER

D

10/05/2006

Electronic Signature of Signing Officer or Director

Date