


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV - 7 PM 12:45

DOCUMENT # 735189 1. Entity Name LAKE MONTESSORI, INC.			
Principal Place of Business 415 N. LEE STREET LEESBURG, FL 34748		Mailing Address 415 N. LEE STREET LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box # 909 Boyleston St.		3. Mailing Address 909 Boyleston St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Leesburg, FL		City & State Leesburg, FL	
Zip 34748		Zip 34748	
Country USA		Country USA	
4. FEI Number 59-1648294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNER, TIM R PD 909 BOYLESTON STREET LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Tim R. Conner</i></u>		<u>Tim R. Conner</u> President	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>11/05/07</u>		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD	<input type="checkbox"/> Delete NAME CONNER, SANDRA P STREET ADDRESS 909 BOYLESTON ST. CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400112085154 11/07/07--01049--021 *P.D.00	
TITLE PD	<input type="checkbox"/> Delete NAME CONNER, TIM R STREET ADDRESS 909 BOYLESTON ST. CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete NAME WAGNER, ERIN C STREET ADDRESS 10042 DORSET DR. CITY-ST-ZIP LEESBURG, FL 34788	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 11/7/07	
TITLE 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07	
TITLE 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Tim R. Conner</i></u>		<u>Tim R. Conner</u>	
Signature and typed or printed name of signing officer or director		Date <u>11/05/07</u> Daytime Phone # <u>352-728-0782</u>	