

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD3000022571**

1. Limited Liability Company's Name

Celebration Learning Center, LLC

2. Principal Office Address - No P.O. Box #
920 B Croton Road

Suite, Apt. #, etc.

City & State
Celebration

Zip
34747

Country
USA

3. Mailing Office Address
PO Box 470364

Suite, Apt. #, etc.

City & State
Celebration

Zip
34747

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **June 20, 2003**

6. FEI Number
200088671

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Leslie Dubin

Street Address (P.O. Box Number is Not Acceptable)
920 B Croton Road

Suite, Apt. #, Etc.

City
Celebration

State
FL

Zip Code
34747

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Leslie M. Dubin

REGISTERED AGENT MUST SIGN

Date **5/2/07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leslie Dubin	920 B Croton Road	Celebration, FL 34747
			000102543080 05/18/07--01007--022 **100.00
		REINSTATEMENT	06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Leslie M. Dubin

Date **5/2/07**

Daytime Phone # **407-566-1861**

Typed or printed name of signing Managing Member/Manager

Leslie M. Dubin