

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000024576

FILED  
Mar 19, 2007  
Secretary of State

**Entity Name:** CHILDSTART LEARNING SOLUTIONS, LLC

**Current Principal Place of Business:**

5625 WELLBORN CREEK DRIVE  
LITHONIA, GA 30058

**New Principal Place of Business:**

1104 S. E. 13TH AVENUE  
GAINESVILLE, FL 32641

**Current Mailing Address:**

5625 WELLBORN CREEK DRIVE  
LITHONIA, GA 30058

**New Mailing Address:**

P. O. BOX 428  
GAINESVILLE, FL 32602

FEI Number: 80-0104286      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HINSON, YVONNE H  
23 NE 47TH TERRACE  
GAINESVILLE, FL 32641      US

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

HINSON, YVONNE H  
1104 S. E. 13TH AVE  
GAINESVILLE, FL 32641      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: YVONNE HINSON

03/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HINSON, YVONNE  
Address: 23 NE 47TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: MGR      ( ) Delete  
Name: HINSON, KAMELYA  
Address: 5625 WELLBORN CREEK DR  
City-St-Zip: LITHONIA, GA 30058

Title: MGR      ( ) Delete  
Name: HINSON, HENRY I  
Address: 5625 WELLBORN CREEK DR  
City-St-Zip: LITHONIA, GA 30058

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: HINSON, YVONNE  
Address: 1104 S. E. 13TH AVE  
City-St-Zip: GAINESVILLE, FL 32641

Title: MGR      (X) Change ( ) Addition  
Name: HINSON, KAMELYA  
Address: 221 TUXWORTH CIRCLE  
City-St-Zip: DECATUR, GA 30033

Title: MGR      (X) Change ( ) Addition  
Name: HINSON, HENRY I  
Address: 8600 PONTCHARTRAIN BLVD  
City-St-Zip: NEW ORLEANS, LA 70124

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: YVONNE HINSON

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03/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date