

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000005904

**FILED**  
**Oct 03, 2005**  
**Secretary of State**

**Entity Name:** THE LEARNING CENTER AT CIC, INC.

**Current Principal Place of Business:**

608 OAKLAND AVENUE  
OAKLAND, FL 34760

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 930  
OAKLAND, FL 34760

**New Mailing Address:**

**FEI Number:** 59-3282805      **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:**

FOWLER, JOSHUA  
13949 FOX GLOVE ST.  
WINTER GARDEN, FL 34787      US

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

FOWLER, JOSHUA  
15001 OAKLAND AVE  
WINTER GARDEN, FL 34787      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: JOSHUA FOWLER

10/03/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DOO      ( ) Delete  
Name: SCORSONE, CHAD  
Address: 608 W OAKLED AVE  
City-St-Zip: OAKLAND, FL 34760

Title: P      ( ) Delete  
Name: FOWLER, VOSHUA  
Address: 13949 FOX GLOVE ST  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD      ( ) Delete  
Name: FOWLER, ASHELY  
Address: 13949 FOX GLOVE ST  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D      (X) Delete  
Name: OLEMEDO, DANA  
Address: 608 W. OAKLAND AVE  
City-St-Zip: OAKLAND, FL 34760

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

Title: PRES      (X) Change ( ) Addition  
Name: FOWLER, JOSHUA  
Address: 15001 OAKLAND AVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP      (X) Change ( ) Addition  
Name: FOWLER, DEBORAH  
Address: 15001 OAKLAND AVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD      (X) Change ( ) Addition  
Name: MILLER, CHARM  
Address: 608 W OAKLAND AVE  
City-St-Zip: OAKLAND, FL 34760

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 Section 119.07(3)(i), 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: JOSHUA FOWLER

PRES

10/03/2005

Electronic Signature of Signing Officer or Director

Date