

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003231

FILED
Oct 19, 2004
Secretary of State**Entity Name:** LEARNING DISABILITY INSTITUTE, INC.**Current Principal Place of Business:**1201 LOUISIANA AVE
WINTER PARK, FL 32787**New Principal Place of Business:****Current Mailing Address:**1201 LOUISIANA AVE
STE 100
WINTER PARK, FL 32787**New Mailing Address:****FEI Number:** 59-3580359 **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:**WALKER, LISA B
1201 LOUISIANA AVE.
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**KURTZ, DENTON M
1201 LOUISIANA AVE.
WINTER PARK, FL 32789 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: DENTON M. KURTZ

10/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: BRINT, STEPHEN
Address: 327 RAVEN ROCK LANE
City-St-Zip: LONGWOOD, FL 32750**Title:** TD () Delete
Name: TAYLOR, BRENT
Address: 1236 RED DANDY DRIVE
City-St-Zip: ORLANDO, FL 32818**Title:** D () Delete
Name: BURNS, RAYMOND A
Address: 1767 RIDGEWOOD AVENUE
City-St-Zip: MAITLAND, FL 32751**Title:** D () Delete
Name: LOGAS, EVELYN
Address: 805 EAST CRANE AVE
City-St-Zip: MOUNT DORA, FL 32757**Title:** D () Delete
Name: MONAHAN, PHYLLIS
Address: 7902 AUTUMN WOOD DRIVE
City-St-Zip: ORLANDO, FL 32825**Title:** D () Delete
Name: ALVAREZ, MYRIA
Address: 4864 RED BRICK RUN
City-St-Zip: SANFORD, FL 32771**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: NELSON, RONALD
Address: 2884 NAPLES DRIVE
City-St-Zip: WINTER PARK, FL 32789**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: DENTON M. KURTZ

D

10/19/2004

Electronic Signature of Signing Officer or Director

Date