

# 2006 FOR PROFIT-CORPORATION REINSTATEMENT

FILED

06 OCT 19 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052006 REIN-P CR2E098 (11/05)

**DOCUMENT # P05000037346**

1. Entity Name  
A CHILDREN'S KASTLE EARLY LEARNING CENTER, INC.



Principal Place of Business  
970 SOUTH MULRENNAN ROAD  
VALRICO, FL 33594

Mailing Address  
5706 EAGLEMOUNT CIRCLE  
LITHIA, FL 33547

2. Principal Place of Business  
950 South Mulrennan Rd

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
20-2171206

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LIEBLER, KAREN A  
5706 EAGLEMOUNT CIRCLE  
LITHIA, FL 33547

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Karen A Liebler* DATE 10/16/06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LIEBLER, KAREN A 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LIEBLER, KAREN A 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jonathan Liebler 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 607, 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: *Karen A Liebler* DATE 10/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2c 10/27