2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# P06000119406

Entity Name: L & S EDUCATION INC.

Current Principal Place of Business:

142 MOONSTONE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

1665 DUNLAWTON AVE.
#106
PORT ORANGE, FL 32129 US

Current Mailing Address:

142 MOONSTONE
PORT ORANGE, FL 32129 US

New Mailing Address:

1665 DUNLAWTON AVE.
#106
PORT ORANGE, FL 32129 US

FEI Number: 20-5567230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMPKIN, STEPHEN F
142 MOONSTONE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: STEPHEN F LAMPKIN
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DIR	( ) Delete
Name:	LAMPKIN, STEPHEN F	
Address:	142 MOONSTONE	
City-St-Zip:	PORT ORANGE, FL 32129 US	
Title:	DIR	( ) Delete
Name:	STRICKLIN, JAMES T	
Address:	5313 GEORGIA PEACH AVE.	
City-St-Zip:	PORT ORANGE, FL 32128 US	
Title:	PRES	( ) Delete
Name:	LAMPKIN, STEPHEN F	
Address:	142 MOONSTONE	
City-St-Zip:	PORT ORANGE, FL 32129 US	
Title:	VP	( ) Delete
Name:	STRICKLIN, JAMES T	
Address:	5313 GEORGIA PEACH AVE.	
City-St-Zip:	PORT ORANGE, FL 32128 US	
Title:	SEC	( ) Delete
Name:	STRICKLIN, JAMES T	
Address:	5313 GEORGIA PEACH AVE.	
City-St-Zip:	PORT ORANGE, FL 32128 US	
Title:	TREA	( ) Delete
Name:	EWANYK, ANDREW H	
Address:	PO BOX 290669	
City-St-Zip:	PORT ORANGE, FL 32129 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN F LAMPKIN PRES 10/05/2007
Electronic Signature of Signing Officer or Director Date