

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000050828

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** CANDY CORNER LEARNING CENTER, INC.

**Current Principal Place of Business:**

6706 N ARMENIA AVENUE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

6706 N ARMENIA AVENUE  
TAMPA, FL 33604

**New Mailing Address:**

6706 N ARMENIA AVENUE  
TAMPA, FL 33604 US

**FEI Number:** 26-2653956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY, AUDRE  
5401 WEST SLAUSON  
TAMPA, FL 33606 US

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

LEVY, AUDRE  
105 S HABANA  
TAMPA, FL 33606 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:** AUDRE LEVY

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEVY, AUDRE  
**Address:** 3527 HIGHFALLS  
**City-St-Zip:** HOUSTON, TX 77068 US

**Title:** VP  
**Name:** LEVY, SHAMBRAY  
**Address:** 105 S HABANA AVENUE  
**City-St-Zip:** TAMPA, FL 33609 US

I hereby 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 all other like empowered.

**SIGNATURE:** AUDRE LEVY

PRE

04/21/2011

Electronic Signature of Signing Officer or Director

Date