

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000004822

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** LEARN TO LEARN OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5127 LATROBE DRIVE  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

2731 MAGUIRE ROAD  
OCOE, FL 34761 US

**Current Mailing Address:**

5127 LATROBE DRIVE  
WINDERMERE, FL 34786 US

**New Mailing Address:**

2731 MAGUIRE ROAD  
OCOE, FL 34761 US

**FEI Number:** 26-4059685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** THOMAS P. PAGE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** FADIGAN, JAMES  
**Address:** 2524 WATERVIEW PLACE  
**City-St-Zip:** WINDERMERE, FL 34786 US

**Title:** D  
**Name:** LANIGAN, A.J.  
**Address:** 1329 S. 800 EAST SUITE 243  
**City-St-Zip:** OREM, UT 84079 US

**Title:** D  
**Name:** FRESONKE, DEAN  
**Address:** 5127 LATROBE DRIVE  
**City-St-Zip:** WINDERMERE, FL 34786 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:** JAMES FADIGAN

CEO

02/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date