

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 APR 27 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006886

1. Corporation Name  
**THE EDISON PROJECT INC.**

Principal Place of Business: 521 FIFTH AVENUE, 16TH FLOOR, NEW YORK NY 10175  
Mailing Address: 521 FIFTH AVENUE, 16TH FLOOR, NEW YORK NY 10175



**REINSTATEMENT**

98-99  
aw

2. New Principal Office Address, If Applicable: Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable: Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/1997

5. FEI Number: 13-3915075

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

1	2	3	4
Time(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PS	ESHBAUGH, LAURA	550 MAIN STREET, SUITE 366	KNOXVILLE TN 37902
AS CFO	MAYFIELD, VICKI James L. STARR	550 MAIN STREET, SUITE 366 521 Fifth Ave, 16th Floor	KNOXVILLE TN 37902 NY NY 10175
CD	SCHMIDT, BENNO C JR	521 FIFTH AVE., 16TH FLOOR	NEW YORK NY 10175
BP	WHITTLE, H. C	521 FIFTH AVE., 16TH FLOOR	NEW YORK NY 10175
D	BONKER, VIRGINIA G	230 LACKAWANNA DRIVE	ANDOVER NJ 07821
BGC	CERF, CHRISTOPHER	1776 K ST NW	WASHINGTON DC 20006

8. Name and Address of Current Registered Agent  
NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): 30000285668-4  
Suite, Apt. #, Etc: 04/29/99-01086-007  
City: \_\_\_\_\_ State: FL Zip Code: \*\*\*\*900.00 \*\*\*\*900.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: Ed Hand - Asst. Secretary  
Date: 4/27/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ed Hand  
Date: 5-23-99  
Typed Name: 210 419 1600

CR2EG40 (9/98)