

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP -6 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000031095

1. Limited Liability Company's Name

Educational Enterprises Funding Group, LLC

700109294727  
09/11/07--01018--004 \*\*200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
4801 South University Drive

3. Mailing Office Address  
4801 South University Drive

Suite, Apt. #, etc.  
Suite 130

Suite, Apt. #, etc.  
Suite 130

City & State  
Davie, FL

City & State  
Davie, FL

Zip  
33328

Country  
USA

Zip  
33328

Country  
USA

4. State/Country of Formation  
Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida 04-21-04

6. FEI Number  
201035730

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Kevin Jacobs, Esq.

Street Address (R.F. Box Number is Not Acceptable)  
7401 Brickell Avenue

Suite, Apt. #, Etc.  
Suite 840

City  
Miami

State  
FL

Zip Code  
33131

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 8-22-07

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Randy Proto	4801 South University Drive, Suite 130	Davie, FL 33328
MGRM	Michael Griffin	615 Windrush	St. Louis, MO 63122

REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 900.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 08-22-07

Daytime Phone # 954-449-1819

Typed or printed name of signing Managing Member/Manager

RANDY PROTO