


M07 000000481

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 APR 27 AM 8:29
 DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M07000000481
 1. Limited Liability Company's Name
 STUDY ISLAND, LLC

PK
 CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
 3232 MCKINNEY AVENUE
 Suite, Apt. #, etc.
 SUITE 400
 City & State
 DALLAS, TEXAS
 Zip Country
 75204 USA

3. Mailing Office Address
 3232 MCKINNEY AVENUE
 Suite, Apt. #, etc.
 SUITE 400
 City & State
 DALLAS, TEXAS
 Zip Country
 75204 USA

4. State/County of Formation
 DELAWARE

5. Date Organized or Qualified To Do Business in Florida
 JANUARY 26, 2007

6. FEI Number
 208086794

7. CERTIFICATE OF STATUS DESIRED (501 additional fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent
 Name
 C T CORPORATION SYSTEM
 Street Address (P.O. Box Number is Not Acceptable)
 1200 SOUTH PINE ISLAND ROAD
 Suite, Apt. #, Etc.
 City State Zip Code
 PLANTATION FL 33324

E-mail Address:
 100232316311
 laura.loomans@archlearning.com
 (To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.
 Signature of Registered Agent [Signature] Date APRIL 25, 2012
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	AL MIDCO, LLC	3232 MCKINNEY AVENUE, SUITE 400	DALLAS, TEXAS 75204

REINSTATEMENT 2008-2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

Signature of Managing Member/Manager Malinda Passmore Date 04.24.2012 Daytime Phone # 800.419.3191
 Typed or printed name of signing Managing Member/Manager Malinda Passmore

NO 7000000481

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04-26-2012

NAME: STUDY ISLAND, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$823.75

RETURN: CERTIFIED COPY

PK

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

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STATE OF FLORIDA

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