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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000017904

1. Limited Liability Company's Name

CORAL CAMPUS LLC

CR2E041 (8/05)

2. Principal Office Address

Two Alhambra Plaza  
Suite, Apt. #, etc. PH 2-C  
City & State FT CORAL GABLES

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 2/14/2002

6. FEI Number 32-0043376

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

Applied For  Not Applicable

**B. Name and Address of Current Registered Agent**

Name DE LA CRUZ, LOUIS F. JR

Street Address (P.O. Box Number is Not Acceptable) TWO ALHAMBRA PLAZA

Suite, Apt. #, Etc. PH 2-C

City CORAL GABLES State FL Zip Code 33134

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 [Signature] Date 12/16/05

REGISTERED AGENT MUST SIGN

**10. Name and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	<u>DE LA CRUZ, LOUIS F. JR</u>	<u>TWO ALHAMBRA PLAZA PH 2-C CORAL GABLES FL 33134</u>	
MEM	<u>GOROVITO, RUBEN</u>	<u>3367 N UNIVERSITY DR DANIE, FL 33024</u>	
MEM	<u>ALICIA, MARCELO</u>	<u>3367 N UNIVERSITY DR DANIE, FL 33024</u>	

**REINSTATEMENT 03-05**

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 608.408, 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 [Signature] Date 12/16/05 Daytime Phone # 305-446-0100

Typed or printed name of signing Managing Member/Manager Louis F. De La Cruz, Jr.

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**L02000017904**

Florida Department of State  
Division of Corporations  
Public Access System

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**LIMITED LIABILITY REINSTATEMENT**

**DORAL CAMPUS, LLC**

Certificate of Status	1
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