PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F00000005151

FLORIDA TECHNICAL COLLEGE OF JACKSONVILLE, INC.

Principal Place of Business

€8010

Mailing Address

C/O M C EDUCATION INCORPORATED 1250 S. GROVE AVE., SUITE 200 BARRINGTON 1L 60010

C/O M C EDUCATION INCORPORATED 1250 S. GROVE AVE., SUITE 200 BARRINGTON IL 60010

FILED

01 OCT 31 AM 9:57

SEGREMARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable C/O Sonnenschein Suite, Apt. #, etc. 600 Hart Road, Suite, Apt. #, etc. 8000 Sears Tower

City & State Barrington, IL City & State Chicago, IL

Country CHISTA Zip 60606

5. FEI Number 364389724

Applied For Not Applicable

09/13/2000

\$8.75 Additional Fee required for a Certificate of Statu

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	KLETTKE, WILLIAM A	1250 SOUTH GROVE AVE., SUITE 200	BARRINGTON IL 60010
VTAS	MCNICHOLAS, JOHN P JR.	1250 SOUTH GROVE AVE., SUITE 200	BARRINGTON IL 60010
AS	DECATOR, ERIC R	8000 SEARS TOWER	CHICAGO IL 60606
D	JANNOTTA, EDGAR D JR.	6100 SEARS TOWER	CHICAGO IL 60606
D	BUDIN, ETHAN A	6100 SEARS TOWER	CHICAGO IL 60606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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

Suite, Apt. #, Etc.

City

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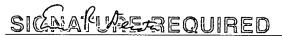
****750.00 | Zip Code

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.



11. 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

SIGNATURE:



10/29/01

Daytime Phone #