

APPROVED
AND
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 OCT 18 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004022

1. Corporation Name

SchoolNet, Inc.
75 9th Avenue, 6th Floor
New York, NY 10011

2. Principal Office Address

Same as above

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/30/2001

5. FEI Number

13-4159508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

K. Eckel OCT. 24 2005

7. Name and Address of Current Registered Agent

Name

National Registered Agents, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State
FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Janita Mahoney, Asst Sec.
REGISTERED AGENT MUST SIGN

Date

10/13/2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		
			900060722289 10/13/05--01071--018 **300.00

10. 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:

Janita Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerrie R. Gullide
Controller

Date

10/11/05

Daytime Phone #

202-645-0615 x224

2/2



Corporation Reinstatement Block #9: Name & Street Addresses of Each Officer and/or Director

Title: President, CEO & Director
Name: Jonathan Harber
Street Address: #300 Mercer St., #32D
City/State/Zip: New York, NY 10003

Title: Chief Financial Officer
Name: C. Andrew Johns
Street Address: #77 Shadyside Ave.,
City/State/Zip: Port Washington, NY 11050

Title: Chief Academic Officer
Name: Denis Doyle
Street Address: #110 Summerfield Road,
City/State/Zip: Chevy Chase, MD 20815

Title: Company Controller
Name: Jerrie R. Gullick
Street Address: 292 Garfield Place #3
City/State/Zip: Brooklyn, NY 11215

Title: Chairman
Name: Allan Wurtzel
Street Address: 2134 R. Street N.W.
City/State/Zip: Washington, DC 20008

Title: Director
Name: Mark Chernis
Street Address: 2315 Broadway
City/State/Zip: New York, NY 10024

Title: Director
Name: Mack Roszell
Street Address: 1500 Broadway, 14th Floor
City/State/Zip: New York, NY 10036

SIGNATURE: _____

Jerrie R. Gullick
SIGNATURE & TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerrie R. Gullick

DATE

10/11/05

DAYTIME PHONE #