2006 FOR PROFIT CORPORATION REINSTATEMENT

TORRES, JUAN SIRET ADDRESS 17 STATE STREET 32ND FLOOR SIRET ADDRESS 12/18/05010S1021 **158.75  TITLE CASD NAME WADE, EUGENE V JR. SIRET ADDRESS 17 STATE STREET 32ND FLOOR SIRET ADDRESS 18 STATE ADDRESS 18 STREET ADDRESS SIRET ADDRE	DOCUMENT #F0300006260  1. Entity Name PLATFORM LEARNING INC.							SECRETARY OF STATE DIVISION OF CORPORATIONS  06 DEC 18 AM 9: 22				
Suite, Apt. 4, etc.    10022006 REIN-P   CR26096 (11/05)	25TH FLOOR NEW YORK, NY 10004											
City & State  City & State  City & State  Country  Countr	2. Principal Place of Business											
The Country Zip Country 3. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.									CR2E098			
S. Definition of Status Desired   Fee Required   Fe	City & State			City & State			1			_ <del> `</del>		
Name   Street Address (P.O. Sox Number is Not Acceptable)	Zip		Country	Zip Country		ntry						
Street Address (P.O. Box Number is Not Acceptable)  FLE Z4p Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the proper of registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda.  In accordance with s. 607.19		6. Name	and Address of Current f	Name	7. Name and	Address of Now F	Registered Aç	jent				
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature: Signature of registered agent.  FILE NOWIII FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TORRES, JUAN  17 STATE STREET 32ND FLOOR  SIRET ADDRESS  ITS TATE STREET 32ND FLOOR  SIRET ADDRESS  WADE, EUGENE V JR.  SIRET ADDRESS  WADE, EUGENE V JR.  SIRET ADDRESS  OITY-ST-2P  WADE, EUGENE V JR.  SIRET ADDRESS  OITY-ST-2P  III.E  S VAUGHN, ISSAC J  SIRET ADDRESS  OITY-ST-2P  III.E  D WAUGHN, ISSAC J  SIRET ADDRESS  OITY-ST-2P  III.E  D WAUGHN, ISSAC J  SIRET ADDRESS  OITY-ST-2P  III.E  D Change Addition  SIRET ADDRESS  OITY-ST-2P  III.E  D NEW YORK, NY 10004  OITY-ST-2P  III.E  D NEW YORK, NY 10004  OITY-ST-2P  III.E  D NEW YORK, NY 10019  III.E  D NEW YORK, NY 10019  III.E  D NEW YORK, NY 10019  OITY-ST-2P  III.E  D NEW YORK, NY 10036  OITY-ST-	1200 SOU	TH PINE	ISLAND ROAD									
SIGNATURE  Signature type of errelat range of regulated aport and their applicable  PLATE  FILE NOWITE FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ORDERS, JUAN  SIRET ADDRESS  CITY-ST-2P  TITLE  CASD  WADE, EUGENE V JR.  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  CITY-ST-2P  TITLE  VAUGHN, ISSAC J  SIRET ADDRESS  CITY-ST-2P  TITLE  VAUGHN, ISSAC J  SIRET ADDRESS  CITY-ST-2P  TITLE  DENIEW YORK, NY 10004  TITLE  DENIEW ADDRESS  CITY-ST-2P  TITLE  DENIEW ADDRESS  CI						City			FL	Zip Code	•	
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After January 1, 2007, Fee will be \$300.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PCCD   Delete   ITILE   Change   Addition   Addition   Torkers, Juan	SIGNATURE_	Signature, type	for printed name of registeroid agont a	and title if applicable (NO	TE: Register	red Agent signature requ	lired when reinstating)	1119	J UG DATE			
TITLE NAME TORRES, JUAN TORRES,	1		* *	o								
TORRES, JUAN SIRET ADDRESS 17 STATE STREET 32ND FLOOR SIRET ADDRESS 12/18/05D10S1D21 **158.75  TITLE CASD NAME WADE, EUGENE V JR. SIRET ADDRESS 17 STATE STREET 32ND FLOOR SIRET ADDRESS 650 PAGE MILL ROAD CITY-ST-ZIP  TITLE D Delete TITLE NAME JERNET ADDRESS BOSTON, MA 02114  DIGNESS SIRET ADDRESS BOSTON, MA 02114  DIGNESS SIRET ADDRESS S	10.		OFFICERS AND		11.	·	ADDITIONS/	CHANGES TO OF				
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NAME VAUGHN, ISSAC J STREET ADDRESS CITY-ST-ZIP PALO ALTO, CA 94304  TITLE D JENKA, STEPHEN M STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02114  TITLE D D JENKA OFFEN M STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02114  TITLE D D JENKA OFFEN M STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02114  TITLE D D JENKA OFFEN M NAME NEUWIRTH, DANIEL STREET OFFEN MAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019  TITLE D D JENKE OFFEN MEW YORK, NY 10019  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10019  TITLE D D JENKE OFFEN MAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D MAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE OFFEN MAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK, NY 10036  TITLE D D JENKE ADDRESS CITY-ST-ZIP NEW YORK ADDRESS TO THE INTERPRETATION OF TH	NAME STREET ADDRESS	WADE, E	E STREET 32ND FLOO		NAM STR	ME REET ADDRESS				☐ Change	☐ Addition	
NAME SIRECT ADDRESS CITY-ST-ZIP BOSTON, MA 02114  TITLE D MEW YORK, NY 10019  TITLE NAME SIRECT ADDRESS CITY-ST-ZIP  Delete TITLE D WASH, DARRYL SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE D WASH, DARRYL SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP TITLE SIRECT ADDRESS CITY-ST-ZIP TITLE D WASH, DARRYL SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP TITLE SIRECT ADDRESS CITY-ST-ZIP TITLE SIRECT ADDRESS CITY-ST-ZIP TITLE D WASH, DARRYL SIRECT ADDRESS CITY-ST-ZIP TITLE SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS CITY-ST-ZIP SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRE	NAME STREET ADDRESS	VAUGHN 650 PAG	E MILL ROAD	☐ Delete	NAM SIR	ME BELL AUDRESS			ı	Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this group of a supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this group of a supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that I am an officer or director.	NAME STREET ADDRESS	NEUWIR 650 FIFT	H AVENUE, 31ST FLOO		NAI Str	me Reet address				☐ Change	☐ Addition	
Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under gath; that I am an officer or director.	NAME STREET ADDRESS CHY-SI-ZIP	WASH, D 1500 BR NEW YO	OADWAY 14TH FLOOR RK, NY 10036		NAI STE CIT	me Reet address 'Y-St-Zip					Addition	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:    SIGNATURE   SIGNATURE   Date   Daylore Priorie #	indicated of the co- changed	d on this repo rporation or I, or on an at	ort or supplemental report is the receiver or trustee emp- tachment with an address,	s true and accurate and that owered to execute this repo with all other like empowere	my sign: rt as requ d.	ature shall have the uired by Chapter 60	e same legal effei 07. Florida Statute	ct as if made under es; and that my nar	r oath; that I ar ne appears in	n an officer Block 10 of	or director r Block 11 if	