FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 18 AM 8:14

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000006279

REINSTATEMENT 05-06

1. Corporation Name
Mosaica Education, Inc

2. Principal Office Address	3. Mailing Office Address
100 Wall Street	SAME
Suite, Apt. #, etc.: Ninth Floor	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10005 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-18-03

5. FEI Number: 91-1759387 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

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: Connie Bryan — Date: 5/18/06
REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

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
Director	Michael J. Connelly	100 Wall Street, Ninth Floor	New York, NY 10005
Director	Dawn Eidelman	3400 Peachtree Road, Suite #550	Atlanta, GA 30326
Director	Thomas Keane, Jr.	45 Rockefeller Plaza, Suite #1960	New York, NY 10111

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: [signature] — 5/18/06 — 212.232.0305 x 226
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 03/02/2005 CT System Online