2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -1 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000002722

1. Entity Name
UNIVERSITY OF SCRANTON, INC.

Principal Place of Business	Mailing Address
800 LINDEN STREET SCRANTON, PA 18510	800 LINDEN STREET SCRANTON, PA 18510

1027Z00S REIN-NP CR2E099 (5/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Office of the Treasurer	Suite, Apt. #, etc.: Office of the Treasurer
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 24-0795495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BISK EDUCATION, INC. 9417 PRINCESS PALM AVENUE TAMPA, FL 33619-8313	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this 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 _____ George Straschnov, Esq. 10/27/2005
(Signature, officer or director of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25 After January 1, 2006, Fee will be $122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PILARZ, SCOTT R S.J. 800 LINDEN STREET SCRANTON, PA 18510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400061078364 11/01/05--01059--007 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CHRISTIANSEN, DAVID E RR 1 BOX 128A FOREST CITY, PA 18421	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BYMAN, ABIGAIL 4480 HOMESTEAD DRIVE MOSCOW, PA 18444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: _____ David E. Christiansen 10/28/2005 (570) 941-7411
(Signature and typed or printed name of individual) (Date) (Daytime Phone #)