Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000263890 3)))

H09000263890 3ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
AJILON LEARNING INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 DEC 23 PM 1:06
SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000005907

1. Corporation Name

Ajilon Learning Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11770 Haynes Bridge Rd	11770 Haynes Bridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
206	205
City & State	City & State
Alpharetta, GA	Alpharetta, GA
Zip / Country	Zip / Country
30009 / USA	30009 / USA

REINSTATEMENT CR2E081(11/09)

4. Date Incorporated or Qualified To Do Business in Florida 10/11/05

5. FEI Number 58-2592248 — ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Ave

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12-22-09

REGISTERED AGENT MUST SIGN

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
CEO & President	Ian Rowlands	11770 Haynes Bridge Rd, Ste 205	Alpharetta, GA 30009
COO	Darren Surch	11770 Haynes Bridge Rd, Ste 205	Alpharetta, GA 30009
Secretary	Terri Teems	11770 Haynes Bridge Rd, Ste 205	Alpharetta, GA 30009

10. E-mail Address: tteems@interaidll.com & jss@blumb.com
(To be used for future annual report notification)

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. I further certify 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: Terri Teems Terri Teems 12/23/09 7704072391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Mitchell DEC 23 2009