MAY. 26. 2004 1:27PM CORPORATION SVC CO NO. 738 P. 2

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 26 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003118

REINSTATEMENT 03-04

MRS

1. Corporation Name

Educaid Inc.

Cross reference name - ClassNotes Inc.

2. Principal Office Address	3. Mailing Office Address
3301 C Street	c/o CSC,2711 Centerville Rd.
Suite, Apt. #, etc.: Suite 100M	Suite, Apt. #, etc.: Suite 400
City & State: Sacramento, CA	City & State: Wilmington, DE
Zip: 95816 Country: USA	Zip: 19808 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/20/1996

5. FEI Number: 223400682 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: Suite 105

City: Tallahassee State: FL Zip Code: 32301

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: Jeanine Reynolds as its agent Date: 5-26-04

REGISTERED AGENT MUST SIGN

CR2E088 (10/02)

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
D/EVP	Robert V. Burton	301 S. College Street, NC0630	Charlotte, NC 28288
D/P	Doris A. Grose	301 S. College Street, NC0630	Charlotte, NC 28288
VP	Carol R. Mullis	301 S. College Street, NC0630	Charlotte, NC 28288
S/SVP	Tom P. Levandowski	3301 C Street	Sacramento, CA 95815
CFO/SV	Ricardo Ramirez	3301 C Street	Sacramento, CA 95815

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: Carol R. Mullis, VP 5/25/2004 704-374-6612

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

H04000113694 3

Florida Department of State
Division of Corporations
Public Access System

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.

(((H04000113694 3)))

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)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY WA2H
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

EDUCAID INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Public Access Help