

MAY. 26. 2004 1:27PM

CORPORATION SVC CO

NO. 738.00 P. 243694 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 26 PH 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F96000003118</u> 1. Corporation Name Educid Inc. Cross reference name - ClassNotes Inc.	
2. Principal Office Address 3301 C Street Suite, Apt. #, etc. Suite 100M City & State Sacramento, CA Zip 95815	3. Mailing Office Address c/o CSC, 2711 Centerville Rd. Suite, Apt. #, etc. Suite 400 City & State Wilmington, DE Zip 19808 Country USA

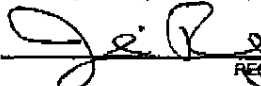
REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified To Do Business in Florida 6/20/1996	
5. FBI Number 223400682	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ 58.75 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 Kays Street		
Suite, Apt. #, Etc. Suite 105		
City Tallahassee	State FL	Zip Code 32301

B. 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

REGISTERED AGENT MUST SIGN

Jeanine Reynolds
as its agent

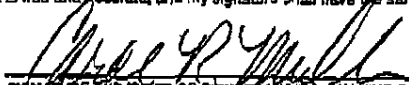
Date 5-26-04

C. 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)(f), 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

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**Florida Department of State
Division of Corporations
Public Access System**

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((H04000113694 3)))

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Division of Corporations
Fax Number : (850) 205-0384

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

CORPORATION REINSTATEMENT

EDUCAID INC.

Certificate of Status	0
Certified Copy	0
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