

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 MAY -1 PM 1:21  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F96000006843

**1. Corporation Name**

DP Group, Inc

**2. Principal Office Address**

30 S Wacker Drive

Suite, Apt. #, etc.

#2500

City & State

Chicago, IL

ZIP

60606

Country

USA

**3. Mailing Office Address**

30 S Wacker Drive

Suite, Apt. #, etc.

#2500

City & State

Chicago, IL

ZIP

60606

Country

USA

**REINSTATEMENT** 05-07  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/27/1996

**5. FEI Number**

36-3657446

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

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

*Sarah B. Ayala*

Sarah B. Ayala

Assistant Secretary

Date

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
	please see attached		

200103041682  
05/22/07-01053-014 \*\*1050.00

**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 contained in Chapter 119, 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:**

*Michael Payer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Date

312-894-0390

Daytime Phone #

**Kaplan Professional Holding, Inc.**  
**FEDERAL ID NO. 36-3657446**

Officers		Titles		Business Address	
Veronica Dillon		President		10 South Wacker Drive Suite 3425 Chicago, IL 60606	
Roy Lipner		Vice President		30 S. Wacker Dr. Ste 2500 Chicago, IL 60606	
Robert L. Lane		Vice President & Assistant Treasurer		888 7th Ave. New York, NY 10106	
Brian Daniel		Vice President & Treasurer		30 S. Wacker Dr. Ste 2500 Chicago, IL 60606	
Andrea Mainelli		Vice President		30 S. Wacker Dr. Ste 2500 Chicago, IL 60606	
Johan de Muinck Keizer		Vice President & Secretary		888 7th Ave. New York, NY 10106	
Michael Payer		Vice President & Assistant Treasurer		30 S. Wacker Dr. Ste 2500 Chicago, IL 60606	
Jeffery L. Elie		Vice President - Real Estate		888 7th Ave. New York, NY 10106	
Mary Jane Miller		Vice President & Assistant Secretary		30 S. Wacker Dr. Ste 2500 Chicago, IL 60606	

Direcitors		Title		Business Address	
Johan de Muinck Keizer		Vice President & Secretary		888 7th Ave. New York, NY 10106	
Robert L. Lane		Director		888 7th Ave. New York, NY 10106	
Andrew S. Rosen		Director		10 South Wacker Drive Suite 3425 Chicago, IL 60606	