FROM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 20 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # F99000002980

1. Corporation Name
Chancellor Academies, Inc.

2. Principal Office Address	3. Mailing Office Address
3250 Mary Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 202	
City & State	City & State
Coconut Grove, FL	
Zip / Country	Zip / Country
33133 / USA	

REINSTATEMENT 60

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/99

5. FEI Number: 04-3466383 ☐ 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: Corporation Service Company

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

Suite, Apt. #, Etc.:

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: BRIAN COURTNEY, ASST. V.P. Date: 10/20/2000
REGISTERED AGENT MUST SIGN. AS ITS AGENT

CR2E081 (9/99)

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
P,T,D	John J-H Kim	3250 Mary Street, Suite 202	Coconut Grove, FL 33133
S	Alan T. Olkes	3250 Mary Street, Suite 202	Coconut Grove, FL 33133
C,D	Octavio J. Visiedo	3250 Mary Street, Suite 202	Coconut Grove, FL 33133
D	Rodman Moorhead	E.M. Warburg Pincus 466 Lexington Avenue	New York, NY 10017-3147
D	Stephen Distler	E.M. Warburg PIncus 466 Lexington Avenue	New York, NY 10017-3147
D	Lance Odden	Taft School 110 Woodbury Road	Watertown, CT 06795

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: John J-H Kim — John J-H Kim — 10-18-00 — 305-648-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE