


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99000004435

1. Corporation Name

Aspect Education, Inc.

2. Principal Office Address - No P.O. Box #

700 South Flower Street

Suite, Apt. #, etc.

Suite 2900

City & State

Los Angeles

Zip

90017

Country

USA

3. Mailing Office Address

700 South Flower Street

Suite, Apt. #, etc.

Suite 2900

City & State

Los Angeles

Zip

90017

Country

USA

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

*Chris McNeer*

REGISTERED AGENT MUST

**Chris McNeer**  
Assistant Secretary

Date 2/2/10

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	Andrew S. Rosen	6301 Kaplan University Avenue	Fort Lauderdale, FL 33309
D/V	Johan de Muinck Keizer	Kaplan, Inc., 888 Seventh Ave., 23rd Floor	New York, NY 10106
D/T	Matthew C. Seelye	6301 Kaplan University Avenue	Fort Lauderdale, FL 33309
P	James Rosenthal	Kaplan Ventures, 888 7th Ave., 23rd Floor	New York, NY 10106
S	Dain Landon	Kaplan Ventures, 888 7th Ave., 23rd Floor	New York, NY 10106
V	Jeffrey Elie	Kaplan, Inc., 888 Seventh Ave., 23rd Floor	New York, NY 10106

10. E-mail Address: Elizabeth.Baskerville@kaplan.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:

*Adrian*

Vice President

1/25/2010

212-492-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB -3 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

000167890670  
02/03/10 --01010--009 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 08/26/1999

5. FEI Number  
94-2918435

Applied For

Not Applicable

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

☒ 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.