

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC 23 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT  
**000000004731**

DIVISION OF CORPORATIONS

DOCUMENT # **L 00000004731**

1. Limited Liability Company's Name

**ALUMNA.COM, LLC**

**000009647830**  
12/23/02--01113--006 \*\*155.00

2. Principal Office Address

**19276 SW 5th ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**17810 NW 14th ST**

Suite, Apt. #, etc.

4. State/Country of Formation

**FL BROWARD**

5. Date Organized or Qualified To Do Business in Florida

**05/02**

6. FEI Number

**266-77-0827**

Applied For

Not Applicable

City & State

**Pembroke Pines, FL**

City & State

**Pembroke Pines, FL**

Zip

Country

**33029 USA**

Zip

Country

**33029 USA**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**RALPH CALATAYUD**

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

**19276 SW 5th ST**

Suite, Apt. #, Etc.

City

**Pembroke Pines, FL**

State  
**FL**

Zip Code

**33029**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/13/02**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	LEONOR ROS CALATAYUD	17810 NW 14th ST	Pembroke Pines, FL 33029
Sec	LEONOR CALATAYUD	17810 NW 14th ST	Pembroke Pines, FL 33029
VP	RALPH CALATAYUD	17810 NW 14th ST	Pembroke Pines, FL 33029

REINSTATEMENT

TB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

*[Signature]*

Date

**12/22/02**

Daytime Phone #

**954 392-7970**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)