

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000006373

1. Entity Name
ACADEMIC ASSOCIATES OF LONGBOAT, L.L.C.



Principal Place of Business
**100 W 80TH ST
SUITE 90
NEW YORK, NY 10024**

Mailing Address
**100 W 80TH ST
SUITE 90
NEW YORK, NY 10024**

2. Principal Place of Business - No P.O. Box #
APT 4F

3. Mailing Address
2381 Fruitville Road

Suite, Apt. #, etc.
APT 4F

City & State
SARASOTA, FL

Zip
34237

Country

12242008 REIN-LLC CR2E101 (1/07)

4. FEI Number
65-1021997

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PENDER, JR, MICHAEL R
2381 FRUITVILLE ROAD
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIR, WILLIAM R III 100 W. 80TH ST. APT 4F NEW YORK, NY 10024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400142832424 02/04/09--01039--007 001 238.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400142832424 09/08/09--01039--007 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES FEB 12 2009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008-09	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Wm R Fair** **12-15-08** **917-834-5767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #