

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**Li0000007702**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L00000007702

1. Limited Liability Company's Name

SCHOOLHOUSE GROUP, LLC

300006561058-4  
-07/23/02--01004-803  
\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Office Address  
1935 NW 87 Avenue

3. Mailing Office Address  
1935 NW 87 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33172

Country  
USA

Zip  
33172

Country  
USA

4. State/Country of Formation  
Florida / USA

5. Date Organized or Qualified To Do Business in Florida  
June 29, 2000.

6. FEI Number  
651062629

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

Name  
Murai Wald Biondo & Moreno, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
25 S.E. 2nd Avenue

Suite, Apt. #, Etc.  
Suite 900

City  
Miami

State  
FL

Zip Code  
33131

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

Date 7/16/02

REGISTERED AGENT MUST SIGN

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.	Humberto Gonzalez	1935 NW 87 Avenue	Miami, Florida 33172
VP	Francisco Victoria	1935 NW 87 Avenue	Miami, Florida 33172
VP	Leonard Boord	1935 NW 87 Avenue	Miami, Florida 33172
Secy.	Kevin Fox	1935 NW 87 Avenue	Miami, Florida 33172
Treas.	Chris Meiser	1935 NW 87 Avenue	Miami, Florida 33172
Assist. Secy.	Chris Meiser	1935 NW 87 Avenue	Miami, Florida 33172

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

Date 7/16/02 Daytime Phone# 305 925 8214

Typed or printed name of signing Managing Member/Manager HUBERTO GONZALEZ