

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 DEC -6 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000002412

**1. Limited Liability Company's Name**

Investment Education of Northeast Florida, LLC

**500043211755**  
12/06/04--01038--015 \*\*205.00

**2. Principal Office Address**

3955 Riverside Avenue

Suite, Apt. #, etc.

Suite 205

City & State

Jacksonville, FL

Zip

32205

Country

U.S.A.

**3. Mailing Office Address**

3955 Riverside Avenue

Suite, Apt. #, etc.

Suite 205

City & State

Jacksonville, FL

Zip

32205

Country

U.S.A.

**4. State/Country of Formation**

Florida, U.S.A.

**5. Date Organized or Qualified  
To Do Business in Florida**

02/14/2001

**6. FEI Number**

59-3698762

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

League & Jespersen, P.A.

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

3955 Riverside Avenue

Suite, Apt. #, Etc.

Suite 100

City

Jacksonville

State

FL

Zip Code

32205

**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

*Teresa S. Rainey*

REGISTERED AGENT MUST SIGN

Date 12/01/2004

**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
MGRM	Teresa S. Rainey	3955 Riverside Avenue, Suite 205	Jacksonville, FL 32205

**REINSTATEMENT** 03-04  
*CWS*

**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

*Teresa S. Rainey*

Date 12/01/2004

Daytime Phone # (904) 396-0447

Typed or printed name of signing Managing Member/Manager Teresa S. Rainey

CR2E041 (10/02)