

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002598

Name and Mailing Address

0001928 01 FP 0,352 \*\*PRSR T6 0 0615 33133-523252



CA CORAL SPRINGS LLC  
C/O CHANCELLOR ACADEMIES, INC.  
3250 MARY ST., STE. 202  
COCONUT GROVE FL 33133-5232



2. New Mailing Address c/o Chancellor Beacon Academies, Inc. 3250 Mary Street, Suite 202 City, State, Zip Coconut Grove, Florida 33133-5232		4. State/Country of Formation FL	
Principal Place of Business Beacon C/O CHANCELLOR ACADEMIES, INC. 3250 MARY ST., STE. 202 COCONUT GROVE FL 33133		5. Date Organized or Qualified To Do Business in Florida 02/19/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0962483	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Brian Courtney  
Asst. V. Pres. Date 11-14-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Chancellor Beacon Academies, Inc.	3250 Mary Street, Suite 202	Coconut Grove, FL 33133

300008856963  
11/14/02-01046-031 \*\*155.00

12. I certify that I am managing member/manager of 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 11/13/02 Daytime Phone #305-648-5950

Typed or printed name of signing Managing Member/Manager Octavio J. Visiedo