

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L01000011369

1. Limited Liability Company's Name

THE PETERSON SCHOOL OF FLORIDA, L.L.C.

2. Principal Office Address

581 Interstate Blvd.

Suite, Apt. #, etc.

Building A

City & State

Sarasota, Florida

Zip

34240

Country

U.S.

3. Mailing Office Address

581 Interstate Blvd.

Suite, Apt. #, etc.

Building A

City & State

Sarasota, Florida

Zip

34240

Country

U.S.

4. State/Country of Formation

Florida, U.S.

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

07/12/2001

6. FEI Number

460484996

☒ 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

Alfred L. Kuehn

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

581 Interstate Blvd.

Suite, Apt. #, Etc.

Building A

City

Sarasota, FL

State

FL

Zip Code

34240

REINSTATEMENT 04-05

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	Alfred L. Kuehn	581 Interstate Blvd. Bldg. A	Sarasota, FL 34240

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

1-11-05

Daytime Phone #

781-938-5654

Typed or printed name of signing Managing Member/Manager

Alfred Kuehn

CR2041 (10/02)