

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000013140**

APPLICATION FOR REINSTATEMENT

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

03 JAN -7 AM 9:59

1. DOCUMENT # L01000013140

Name and Mailing Address

0005752 01 FP 0.352 \*\*PRSR TB 0 0615 34209-344431



THE EDISON ACADEMIC CENTER L.L.C.  
7431 MANATEE AVENUE WEST  
BRADENTON FL 34209-3444

01/07/03-01064-001 \*\*200.00



**REINSTATEMENT** 2002-2003

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 7431 MANATEE AVENUE WEST BRADENTON FL 34209		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/06/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1125283 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> IANNARELLI, BARBARA 1007 85TH COURT NW BRADENTON FL 34209		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 000009921640 01/07/03--01064--001 **200.00 City FL Zip Code			
<b>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.</b> Signature of Registered Agent <u>Barbara Iannarelli</u> Date <u>1/2/03</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Director	Barbara Iannarelli	1007 85th Court NW	Bradenton, Florida 34209
<b>REINSTATEMENT</b> 2002-2003			

**12. 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 Barbara Iannarelli Date 1/2/03 Daytime Phone # 941-794-3630

Typed or printed name of signing Managing Member/Manager