2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000006338

City-St-Zip:

Entity Name: CHOICE ACADEMY, LLC

FILED Oct 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6665 CABELLO DRIVE JACKSONVILLE, FL 32226 **Current Mailing Address: New Mailing Address:** 6665 CABELLO DRIVE JACKSONVILLE, FL 32226 FEI Number: 36-4518455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHIPMAN, EMMA C 6665 CABELLO DRIVE JACKSONVILLE, FL 32226 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: EMMA C. SHIPMAN Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PRES** Title: () Change () Addition () Delete SHIPMAN, EMMA C Name: Name: 6665 CABELLO DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SHIPMAN, LLOYD Name: PRINGLE, SHEILA Address: 6665 CABELLO DRIVE Address: 9557 MAIDSTONE MILL DRIVE WEST City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32244 Title: **TRES** () Delete Title: () Change () Addition CRAIG, GERALDINE Name: Name: Address: 140 EUCLID AVENUE Address: City-St-Zip: TEANECK, NJ 07601 City-St-Zip: () Delete Title: SEC Title: () Change () Addition BYNUM, APRIL Name: Name: 11446 MONUMENT RIDGE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change (X) Addition SHIPMAN, LLOYD Name: Name: 6665 CABELLO DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

JACKSONVILLE, FL 32226

SIGNATURE: EMMA C. SHIPMAN PRES 10/01/2006