

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029818

FILED
Oct 21, 2004
Secretary of State

Entity Name: JMVU LANGUAGE INSTITUTE, LLC

Current Principal Place of Business:

701 BRICKELL AVE, STE 3000
MIAMI, FL 33131

New Principal Place of Business:

8300 SOUTH PALM DRIVE
PEMBROKE PINES, FL 33025

Current Mailing Address:

701 BRICKELL AVE, STE 3000
MIAMI, FL 33131

New Mailing Address:

1881 NW 123RD AVENUE
PEMBROKE PINES, FL 33025

FEI Number: 20-0214816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE, STE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HILLMAN-WALLER, LOUIS
3006 AVIATION AVENUE
COCONUT GROVE, FL 33133 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: LOUIS HILLMAN-WALLER

10/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PARRA, ALICIA F
Address: 1881 NW 123RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR () Change (X) Addition
Name: ORTIZ, LELIS A
Address: 1881 NW 123RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LELIS ORTIZ

MGR

10/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date