PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 APR 27 PM 2: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034684

1. Limited Liability Company's Name

Teachers Workshop LLC

2. Principal Office Address
17204 Palm Pointe Drive

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip	Country
33647	USA

3. Mailing Office Address
17204 Palm Pointe Drive

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip	Country
33647	USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida   9/12/03

6. FEI Number 05-0585456   ☐ 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   Pamela Davis

Street Address (P.O. Box Number is Not Acceptable)   8319 Golden Prairie Drive

Suite, Apt. #, Etc.

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City   Tampa   State FL   Zip Code 33647

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 4/25/05

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
MM	Brenda Van De Burst	8319 Golden Prairie Dr.	Tampa FL 33647
MM	Pamela Davis	8319 Golden Prairie Dr.	Tampa, FL 33647

REINSTATEMENT 04-05

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 4/25/05   Daytime Phone # 813-910-8714

Typed or printed name of signing Managing Member/Manager Pamela Davis