


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000004575			
1. Limited Liability Company's Name CAUSF OFFICE, LLC			
2. Principal Office Address - No P.O. Box # c/o Carter & Associates 171 17th Street Suite, Apt. #, etc. #1200 City & State Atlanta, GA Zip 30363 Country USA		3. Mailing Office Address c/o Carter & Associates 4211 W. Boy Scout Blvd. Suite, Apt. #, etc. #520 City & State Tampa, FL Zip 33607 Country USA	
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business In Florida 1/16/2004	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Carter, John E. Street Address (P.O. Box Number is Not Acceptable) 4211 W. Boy Scout Boulevard Suite, Apt. #, Etc. #520 City Tampa State FL Zip Code 33607			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 <u>John E. Carter</u> Date <u>06/27/2008</u> (John E. Carter) REGISTERED AGENT MUST SIGN			
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
MGRM	CA University, LLC	171 17th Street, #1200	Atlanta, GA 30363
			500132467445
			07/08/08--01014--022 **655.00
REINSTATEMENT 2005-2008			
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. BY: <u>CA UNIVERSITY, LLC, a GA limited liability company</u> BY: <u>CARTER & ASSOCIATES ENTERPRISES, INC., a GA corporation</u> Signature of Managing Member/Manager By: <u>John E. Carter</u> Date <u>06/27/2008</u> Daytime Phone # <u>813/287-0101</u> John E. Carter, Executive Vice President Typed or printed name of signing Managing Member/Manager			

FILED
 08 JUN 27 AM 8:55
 TALLAHASSEE, FLORIDA

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