

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000038257

FILED
Jun 05, 2006
Secretary of State

Entity Name: HOMESTUDY PROS OF FLORIDA, LLC

Current Principal Place of Business:

615 PAULA AVE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

615 PAULA AVE
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSCHEL, ROBERT M
615 PAULA AVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

KUSCHEL, SHANNON G
615 PAULA AVE
MERRITT ISLAND, FL 32953 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: SHANNON G. KUSCHEL

06/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUSCHEL, ROBERT M
Address: 615 PAULA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGR (X) Delete
Name: KUSCHEL, SHANNON G
Address: 615 PAULA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES:

Title: EXDR (X) Change () Addition
Name: KUSCHEL, SHANNON G
Address: 615 PAULA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHANNON G. KUSCHEL

EXDR

06/05/2006

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