

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

DOCUMENT # L04000083574

1. Entity Name
HERITAGE SCHOOL OF NURSING EDUCATION LLC



Principal Place of Business
4350 WEST SUNRISE BLVD
101 THRU 101D
PLANTATION, FL 33317

Mailing Address
4350 WEST SUNRISE BLVD
101 THRU 101D
PLANTATION, FL 33317

2. Principal Place of Business
5120 N State Road 7

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006 REIN-LLC CR2E101 (11/05)

City & State
Tamarac Florida
Zip 33319 Country

City & State
Zip Country

4. FEI Number
20-2085753
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DESIR, CHANTAL
4450 WEST BROWARD BLVD
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/06
DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DESIR, CHANTAL
STREET ADDRESS 4450 WEST BROWARD BLVD.
CITY-ST-ZIP PLANTATION, FL 33317

TITLE MGR ☐ Delete
NAME PRYCE, CLARE
STREET ADDRESS 9112 LIME TREE LANE
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 400075215824
STREET ADDRESS 05/25/06--01004--017 **100.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/06
Date

Daytime Phone #