PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 SEP -6 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100109295021
09/11/07--01018--011 **250.00

CR2E041 (1/07)

DOCUMENT # L04000091657

1. Limited Liability Company's Name

Education Enterprises Management Group, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4801 South University Drive	4801 South University Drive
Suite, Apt. #, etc. Suite 130	Suite, Apt. #, etc. Suite 130
City & State Davie, FL	City & State Davie, FL
Zip 33328 Country USA	Zip 33328 Country USA

4. State/Country of Formation Florida, USA

5. Date Organized or Qualified To Do Business In Florida 12-17-04

6. FEI Number 202038356 ☐ 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: Kevin Jacobs, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1401 Brickell Avenue

Suite, Apt. #, Etc.: Suite 840

City: Miami State: FL Zip Code: 33131

☐ 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: _____ Date 8-22-7

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	Randy Proto	4801 South University Drive, Suite 130	Davie, FL 33328
MGRM	David Royka	110 Ezra Street	North Haven, CT 06473

DB

REINSTATEMENT

2005-2007

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 08-22-07 Daytime Phone # 954-449-1819

Typed or printed name of signing Managing Member/Manager RANDY PROTO