

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP -6 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100109235021
09/11/07--01018--011 **250.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 604000091657

1. Limited Liability Company's Name

Education Enterprises Management Group, LLC

2. Principal Office Address - No P.O. Box # 4801 South University Drive		3. Mailing Office Address 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. FEA Number 202038356	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ 55.03 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: 
REGISTERED AGENT MUST SIGN

Date 8-22-7

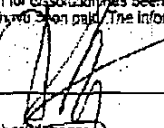
10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	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

REINSTATEMENT

8005-2007

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