


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # <u>LO6-11502</u>		FILED 2009 NOV 25 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700162646687 11/24/09--01039--012 ***38.75 CR2E041 (10/09)																					
1. Limited Liability Company's Name <u>Davis Educational Consulting, LLC</u>																							
2. Principal Office Address - No P.O. Box # <u>1115 Royal Troon Ct.</u> Suite, Apt. #, etc.																							
3. Mailing Office Address (same) <u>1115 Royal Troon Ct.</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FL / USA</u>																					
City & State <u>Tarpon Springs, Florida</u> Zip Country		5. Date Organized or Qualified To Do Business in Florida <u>02/01/2006</u>																					
City & State <u>Tarpon Springs, Florida</u> Zip Country		6. FEI Number <u>LO6000011502</u> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$5.00 Additional Fee required for a Certificate of Status																					
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>																							
8. Name and Address of Current Registered Agent Name <u>Tiffany A Davis (MGRM)</u> Street Address (P.O. Box Number is Not Acceptable) <u>1115 Royal Troon Ct.</u> Suite, Apt. #, Etc. City <u>Tarpon Springs</u> State <u>FL</u> Zip Code <u>34688</u>		<input checked="" 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 fee 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>[Signature]</u> Date <u>11/6/09</u> REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers																							
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City/State/Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>Tiffany A Davis</td><td>1115 Royal Troon Ct</td><td>Tarpon Springs, FL 34688</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip	MGRM	Tiffany A Davis	1115 Royal Troon Ct	Tarpon Springs, FL 34688												
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<p>REINSTATEMENT 08-09 700162646687 11/24/09 01039 023 ***38.75</p> <p><u>OK 11-30-09</u></p>																							
11. E-mail Address: <u>davis.tiffany@yahoo.com</u> (To be used for future annual report notifications)																							
12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 <u>[Signature]</u> Date <u>11/6/09</u> Daytime Phone # <u>407.234.9676</u> Typed or printed name of signing Managing Member/Manager _____																							