

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 SEP 23 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 206000025326

1. Limited Liability Company's Name

STUDENT-ATHLETE ENRICHMENT AND DEVELOPMENT,
LLC.

500160441045
09/09/09--01019--011 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
274 CARTERWOOD DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address
37 DRAPER TERRACE
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL
Zip
32305
Country
LEON

City & State
MONTCLAIR, NJ
Zip
07042
Country
ESSEX

4. State/Country of Formation
FLORIDA/LEON

5. Date Organized or Qualified
To Do Business in Florida 3/7/06

6. FEI Number
20-4797299
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
PAMELA E. REILLY
Street Address (P.O. Box Number is Not Acceptable)
274 CARTERWOOD DRIVE
Suite, Apt. #, Etc.

City
TALLAHASSEE, FL
State
FL
Zip Code
32305

☒ 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 Pamela E. Reilly
REGISTERED AGENT MUST SIGN

Date 8/29/09

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
<u>MBRM</u>	<u>PAMELA REILLY</u>	<u>37 DRAPER TERR</u>	<u>MONTCLAIR, NJ 07042</u>

REINSTATEMENT 07-09
AL

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 Pamela E. Reilly Date 8/29/09 Daytime Phone # 973 640 9268

Typed or printed name of signing Managing Member/Manager PAMELA E. REILLY