

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 FEB 12 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100168752951  
02/15/10--01027--012 \*\*416.25

CR2E041 (11/09)

DOCUMENT # L07000106401

1. Limited Liability Company's Name

Education Unlimited Academies, LLC

2. Principal Office Address - No P.O. Box #

7767 S.W. 102 PL

Suite, Apt. #, etc

3. Mailing Office Address

7767 S.W. 102 PL

Suite, Apt. #, etc

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

MIAMI-DAC

Zip

33173

Country

MIAMI-DAC

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/26/2008

6. FEI Number

51-0659060

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

FRANK FARRAY

Street Address (P.O. Box Number is Not Acceptable)

7767 S.W. 102 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/8/2010

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
MGR	FRANK FARRAY	7767 S.W. 102 PL	MIAMI, FL 33173
MGR	BRYAN KLEIMAN	7767 S.W. 102 PL	MIAMI, FL 33173

REINSTATEMENT -08-10

11. E-mail Address: FFARRAY12 AOL.COM

(To be used for future annual report notifications)

12. 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

[Signature]

Date

2/8/2010

Daytime Phone #

(786) 366-1331

Typed or printed name of signing Managing Member/Manager

N.F.