L08000091421

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
UNIVERSITY OF THE ROCKIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

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REINSTATEMENT

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J. SAULSBERRY
EXAMINER

JAN 04 2013

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000091421

1. Limited Liability Company's Name
University of the Rockies, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
555 East Pikes Peak Ave	13500 Evening Creek Dr. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 600
City & State	City & State
Colorado Springs, Colorado	San Diego, CA
Zip / Country	Zip / Country
80903-3612 / USA	92128 / USA

4. State/Country of Formation: Colorado

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 830492885 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: romy.ostrovitz@bpiedu.com
(To be used for future annual report notices)

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: Connie Bryan Assistant Secretary Date: 01/03/2013
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
MGR	Charlita Shelton	555 East Pikes Peak Ave	Colorado Springs, Colorado 80903-3612
MGR	Christopher Jackson	555 East Pikes Peak Ave	Colorado Springs, Colorado 80903-3612

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 12/31/12 Daytime Phone # 866-621-6624 x 1809

Typed or printed name of signing Managing Member/Manager: Christopher Jackson