

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000109607

**FILED**  
**Sep 17, 2012**  
**Secretary of State**

**Entity Name:** CAREER EDUCATION INSTITUTE, LLC

**Current Principal Place of Business:**

2625 BARNA AVENUE, SUITE D & E  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

1353 N. COURTENAY PARKWAY  
SUITE L  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

1725 S. TROPICAL TR.  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

1353 N. COURTENAY PARKWAY  
SUITE L  
MERRITT ISLAND, FL 32953

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELKABANI, SAMIR  
1725 S. TROPICAL TR.  
MERRITT ISLAND, FL 32952      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMIR ELKABANI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WATSON, CAROL A  
Address: 1357 MOHEGAN TERRACE SE  
City-St-Zip: PALM BAY, FL 32909

Title: MGRM  
Name: ELKABANI, SAMIR  
Address: 1725 S. TROPICAL TR.  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CAROL WATSON

MGRM

09/17/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date