

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 DEC -5 PM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000129739

1. Limited Liability Company's Name

Vergence Education LLC

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

8465 Sand Lake Shores Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32836

Country

USA

3. Mailing Office Address

8465 Sand Lake Shores Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32836

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

July 29, 2015

6. FEI Number

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

Diane Strack

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

8465 Sand Lake Shores Ct.

Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

000292971320
12/05/16--01050--002 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Diane Strack

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	James Strack	8465 Sand Lake Shores Ct.	Orlando FL 32836
VP	Diane Strack	8465 Sand Lake Shores Ct.	Orlando, FL 32836

DEC 06 2016

11. E-mail Address: diane@dianestrack.com

C. CARROTHERS

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Diane Strack

Date 10/24/2016

Daytime Phone #

321 274 2535

Typed or printed name of signing authorized representative/member Diane Strack