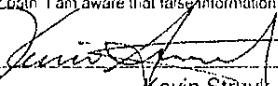


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2016 OCT 18 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L16000000056 1. Limited Liability Company's Name Saint Andrew's Conservatory of Music, LLC					
2. Principal Office Address - No P.O. Box # 5525 Wayside Drive Suite, Apt. #, etc.		3. Mailing Office Address 5525 Wayside Drive Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Sanford, FL		City & State Sanford, FL		5. Date Organized or Qualified To Do Business in Florida 12/31/15	
Zip 32771	Country US	Zip 32771	Country US	6. FEI Number 81-1452046 ☐ Applied for ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status				CR2E041 (1/14)	
8. Name and Address of Current Registered Agent Name Stassia Petersen Street Address (P.O. Box Number is Not Acceptable) Suite, 5525 Wayside Drive Apt. #, Etc. City Sanford, FL State FL Zip Code 32771					
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  Date 10/13/2016 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		
Elder/Se	Kennedy, Kevin	5525 Wayside Drive	Sanford, FL 32771		
Pastor	Struyk, Kevin	5525 Wayside Drive	Sanford, FL 32771		
Pastor	Sproul, Robert C	5525 Wayside Drive	Sanford, FL 32771		
Pastor	Parsons, Burk H	5525 Wayside Drive	Sanford, FL 32771		
Pastor	Bailey, Donald	5525 Wayside Drive	Sanford, FL 32771		
Elder	Rowley, John W	5525 Wayside Drive	Sanford, FL 32771		
11. E-mail Address: spetersen@sachapel.com					
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 		Date 10/13/2016		Daytime Phone # 407-328-1139	
Typed or printed name of signing authorized representative/member Kevin Struyk					

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10/19/16