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L21000076697

Florida Department of
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0877
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
SCHOOLS OF EXCELLENCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

RECEIVED
2023 APR 28 AM 10:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 APR 28 AM 9:09

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MAY 01 2023

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 APR 28 AM 9:09

DOCUMENT # L21000007697

1. Limited Liability Company's Name
SCHOOLS OF EXCELLENCE LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4051 NW 94TH TERR	CORAL SPRINGS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
CORAL SPRINGS, FL	CORAL SPRINGS, FL
Zip / Country	Zip / Country
33065 / USA	CORAL SPRINGS / USA

ORDER NUMBER

4. State/Country of Formation: FL

5. State Organization or Qualification Date: 12/29/2020

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: CHANA KANELSKY

Street Address (P.O. Box Number is Not Acceptable): 4051 NW 94TH TERR

Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33065

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: 04/25/2023

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City/State/Zip
AMBR	CHANA WILSCHANSKI	4051 NW 94TH TERR	CORAL SPRINGS, FL 33065
AMBR	MAYER WILSCHANSKI	4051 NW 94TH TERR	CORAL SPRINGS, FL 33065

11. E-mail Address: cw@chanie.me

(FOR OFFICIAL USE ONLY)

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: Chana Wilschanski Date: 04/25/2023 Daytime Phone #: 347-417-1410

Typed or printed name of signing authorized representative/member: CHANA WILSCHANSKI

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.

Block 1 Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.

Block 2 Enter the limited liability company's principal place of business address. (A post office box is not acceptable)

Block 3 Enter the limited liability company's mailing address. (A post office box is acceptable)

Block 4 Enter state or country, if other than U.S., under the laws of which entity was formed.

Block 5 Enter the date organized or qualified with this office.

Block 6 Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.

Block 7 Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional $5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.

Block 8 Section 605.0113, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 605.0113, Florida Statutes, and the registered office must a Florida street address.

Block 9 The designated registered agent must indicate familiarity with Chapter 605, F.S. and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with section 605.0715 and 605.0113, F.S. If the registered agent does not sign, the application will be rejected

Block 10

Enter the name, title and street address of each manager or authorized representative. Use the following abbreviations: MGR = Manager; and AR = Authorized Representative. MGR- A person outside the company who will manage the company AR- A person who is a member and also manages the company. Attach additional sheets if necessary. Enter the entity's e-mail address. This will be used for future annual report notices.

Block 11

Enter the entity's e-mail address. This should be used for future annual report notices.

Block 12

Block 12 must be signed by current authorized representative or manager listed in Block 10 or an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE

FEES: Reinstatement Fee..... .....$100.00
Annual Report Fee.....$138.75 (For each year or a part of a year dissolved)
Minimum Amount Due..... ....$238.75

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

COURIER SERVICE ADDRESS:
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INTERNET ADDRESS:
www.sunbiz.org

Phone: (850) 245-6051

Hearing/ Voice Impaired may call (850) 245-6096 (TDD)