

APPROVED
AND
FILED

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M000000000 2205

1. Limited Liability Company's Name
CA La Jolla LLC

REINSTATEMENT 2001

2. Principal Office Address

c/o Chancellor, 3250 Mary St.

Suite, Apt. #, etc.

202

City & State

Coconut Grove, FL

Zip

33133

Country

Dade

3. Mailing Office Address

c/o Chancellor, 3250 Mary St.

Suite, Apt. #, etc.

202

City & State

Coconut Grove, FL

Zip

33133

Country

Dade

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida
October 12, 2000

6. FEI Number
65-1052647

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper
REGISTERED AGENT MUST SIGN **Asst. Secretary**

Date 11/14/01

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
mgm	Chancellor Academies, Inc.	3250 Mary St., Suite 202	Coconut Grove, FL 33133

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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.

Signature of
Managing Member/Manager

Charles M. Andolsek

Date 11/14/01

Daytime Phone # 305-648-5950

Typed or printed name of signing Managing Member/Manager Charles M. Andolsek, CFO of Chancellor Academies, Inc.

CR2041 (9/00)



2062

ACCOUNT NO. : 072100000032
REFERENCE : 435970 4304756
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 150.00

ORDER DATE : November 14, 2001

ORDER TIME : 11:56 AM

ORDER NO. : 435970-020

CUSTOMER NO: 4304756

CUSTOMER: Joseph F. Gilday, Legal Asst
Bingham Dana LLP
150 Federal Street

Boston, MA 02110

RECEIVED
01 NOV 16 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CA LA JOLLA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____