


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 # M00000002205

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

**REINSTATEMENT** 2001

2. Principal Office Address c/o Chancellor, 3250 Mary St.		3. Mailing Office Address c/o Chancellor, 3250 Mary St.		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202		5. Date Organized or Qualified To Do Business in Florida October 12, 2000	
City & State Coconut Grove, FL		City & State Coconut Grove, FL		6. FEI Number 65-1052647	
Zip 33133	Country Dade	Zip 33133	Country Dade	Applied For Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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** Date 11/14/01

REGISTERED AGENT MUST SIGN Asst. Secretary

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
<u>Mgm</u>	Chancellor Academies, Inc.	3250 Mary St., Suite 202	Coconut Grove, FL 33133
			<u>300004685783</u>

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.

CR2EM1 (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 \_\_\_\_\_

