

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000000683

1. Entity Name
AMERICAN STUDENT LIST LLC



FILED
2006 DEC 29 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**330 OLD COUNTRY ROAD
MINEOLA, NY 11501**

Mailing Address
**C/O HAVAS NA, INC.
430 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



10242006 REIN-LLC CR2E101 (11/05)

4. FEI Number
11-3519450

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOUILLAND, PAUL
2900 N. MILITARY TRAIL, STE 140
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Boulland* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMORE, DON 330 OLD COUNTRY ROAD MINEOLA, NY 11501 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER IS HAVAS HOLDINGS INC 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B1/3/07 REINSTATEMENT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DON DAMORE 330 OLD COUNTRY RD MINEOLA, NY 11501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICK BAGAROTTA 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT ALEXANDER 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, TREAS LYNN HOROWITZ 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SECRETARY NANCY WYNNE 350 HODSON ST NEW YORK, NY 10014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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01/04/07--01040--012 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Patrick J. Bagarotta* **PATRICK BAGAROTTA** **11-9-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

per conversation mail first notice report but never heard anything. B