

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900025770979
12/26/03--01031--025 **150.00



1. DOCUMENT # M02000003336

Name and Mailing Address

0016990 01 MB 0.309 **AUTO H2 0 0615 94111-368350



LANDMARK EDUCATION LLC
353 SACRAMENTO STREET
SUITE 200
SAN FRANCISCO CA 94111-3683

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/13/2002	
Principal Place of Business 353 SACRAMENTO STREET SUITE 200 SAN FRANCISCO CA 94111	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 94-3130936	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
10. 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 <i>Arthur Schreiber</i>		Date 12.15.2003	
REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State / Zip
MGR	SCHREIBER, ARTHUR	353 SACRAMENTO STREET	SAN FRANCISCO CA 94111
MGR	Rosenberg, Harry	353 Sacramento Street	San Francisco, CA 94111
MGR	Rosenberg, Joan	353 Sacramento Street	San Francisco, CA 94111
MGR	Scheep, K. Laurel	353 Sacramento Street	San Francisco, CA 94111
MGR	ZARFARON, Steven	353 Sacramento Street	San Francisco, CA 94111
MGR	Zapolski, Nancy	353 Sacramento Street	San Francisco, CA 94111

12. 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 608.406, 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 *Arthur Schreiber* Date 12/12/03 Daytime Phone # 415-616-2439

Typed or printed name of signing Managing Member/Manager *Arthur Schreiber*