2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000004207

Current Principal Place of Business:

() Delete

8000 WESTPARK DRIVE, SUITE 500

() Delete

8000 WESTPARK DRIVE, SUITE 500

() Delete

8000 WESTPARK DRIVE, SUITE 500

HOWARD, POLSKY SEC

MCLEAN, VA 22102

MCLEAN, VA 22102

CHARLES ZOGBY

MCLEAN, VA 22102

TOM, BOYSEN

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SEC.

SVP

Entity Name: K12 FLORIDA L.L.C.

FILED Dec 13, 2007 Secretary of State

New Principal Place of Business:

8000 WESTPARK DR. STE 500 MCLEAN, VA 22102 **Current Mailing Address: New Mailing Address:** 8000 WESTPARK DR, STE 500 MCLEAN, VA 22102 FEI Number: 02-0703223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: AAREN COBB Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete K12 MANAGEMENT INC. Name: Name: 8000 WESTPARK DR, STE 500 Address: Address: City-St-Zip: MCLEAN, VA 22102 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARD, RASMUS PRES. Name: Name: Address: 8000 WESTPARK DRIVE, SUITE 500 Address: City-St-Zip: MCLEAN, VA 22102 City-St-Zip: Title: TRES () Delete Title: () Change () Addition JOHN, BAULE TRES. Name: Name: 8000 WESTPARK DRIVE, SUITE 500 Address: Address: City-St-Zip: MCLEAN, VA 22102 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

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SIGNATURE: HOWARD POLSKY SEC 12/13/2007