


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 JUN 27 AM 8:55 TALLAHASSEE, FLORIDA CR2E041 (12/07)	
DOCUMENT # M04000000228 1. Limited Liability Company's Name CA UNIVERSITY, LLC					
2. Principal Office Address - No P.O. Box # 171 17th Street Suite, Apt. #, etc. 1200 City & State Atlanta, GA Zip 30363		3. Mailing Office Address 4211 W. Boy Scout Blvd. Suite, Apt. #, etc. #520 City & State Tampa, FL Zip 33607		4. State/Country of Formation GA 5. Date Organized or Qualified To Do Business in Florida 1/16/2004 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent Name CARTER & ASSOCIATES, INC. c/o John Elliot Carter Street Address (P.O. Box Number is Not Acceptable) 4211 W. Boy Scout Boulevard Suite, Apt. #, Etc. #520 City Tampa State FL Zip Code 33607		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 <u><i>John E. Carter</i></u> Date 06/27/2008 REGISTERED AGENT MUST SIGN - John Elliot Carter					
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	
MGR	CARTER & ASSOCIATES ENTERPRISES, INC.	171 17th Street, #1200		Atlanta, GA 30363	
				900132467409 07708708--01014--021 **655.00	
REINSTATEMENT 2005-2008					
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 608.406, 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 By: <u><i>John E. Carter</i></u> Date 06/27/2008 Daytime Phone# 813/287-0101 John E. Carter, Executive Vice-President Typed or printed name of signing Managing Member/Manager					