M04000000801

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
CHICAGO EDUCATIONAL PUBLISHING COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,210.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # M04000000801

1. Limited Liability Company's Name

CHICAGO EDUCATIONAL PUBLISHING COMPANY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5759 SOUTH KENWOOD	5759 SOUTH KENWOOD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHICAGO, ILLINOIS	City & State: CHICAGO, ILLINOIS
Zip: 60637 Country: USA	Zip: 60637 Country: USA

4. State/Country of Formation: ILLINOIS

5. Date Organized or Qualified To Do Business in Florida: 02/27/2004

6. FEI Number: 52-2401656 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $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: 32301-2525

E-mail Address:

patvina.farrell@klgates.com
(To be used for future annual report notices)

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: Kim Leonard Date: 12/28/2011
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MAX BELL	5759 SOUTH KENWOOD	CHICAGO, IL 60637
MGR	JEAN BELL	5759 SOUTH KENWOOD	CHICAGO, IL 60637

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Jean H. Bell Date: 12/28/2011 Daytime Phone #: 727 502 8850

Typed or printed name of signing Managing Member/Manager: Jean Bell

FL136 - 01/19/2011 | CT System Online