FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 16 AM 9:02

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000002940

1. Entity Name
CONNECTIONS ACADEMY, LLC

Principal Place of Business	Mailing Address
100 LANCASTER STREET, 6TH FLOOR BALTIMORE, MD 21202	100 LANCASTER STREET, 6TH FLOOR BALTIMORE, MD 21202

10092006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
1000 LANCASTER ST.	1000 LANCASTER ST.
Suite, Apt. #, etc. 6TH FLOOR	Suite, Apt. #, etc. 6TH FLOOR
City & State BALTIMORE MARYLAND	City & State BALTIMORE MARYLAND
Zip / Country 21202 U.S.A.	Zip / Country 21202 U.S.A

4. FEI Number
68-0519943
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPITOL CORPORATE SERVICES, INC. 155 Office Plaza Dr., Suite A Tallahassee, FL 32301	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 Delanie Case Delanie Case, ASST SEC 10-9-06
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEW CONNECTIONS HOLDINGS, LLC 1000 LANCASTER STREET, 6TH FLOOR BALTIMORE, MD 21202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 02/24/06-90245-026-#50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: BARBARA DREYER OCTOBER 13/06 410 843-8063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #