8/6/2013 15:55:31 From: To: 8506176383

(2/2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4:48

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # M05000003510

1. Limited Liability Company's Name
Ashford University, LLC

12-13 CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
400 North Bluff Blvd	400 North Bluff Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clinton	City & State: Clinton
Zip: IA 52732 Country	Zip: IA 52732 Country

4. State/Country of Formation: Iowa

5. Date Organized or Qualified To Do Business in Florida: June 23, 2005

6. FEI Number: 20-2076985 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporate System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

E-mail Address:

(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: Kristin Bolden Assistant Secretary Date: 8/5/2013
REGISTERED AGENT MUST SIGN

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
Pres	Richard Pattenaude	8620 Spectrum Center Blvd.	San Diego, CA 92123
VP	Tom Mead	8620 Spectrum Center Blvd.	San Diego, CA 92123
Secy	Karen Held	8620 Spectrum Center Blvd.	San Diego, CA 92123
			AUG 06 2013
			S. PRATHER

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: Karen Held Date: 8/2/13 Daytime Phone #: 858-668-2586 x4361

Typed or printed name of signing Member/Manager: Karen Held

FL110 - 05/15/2013 Version 1(Word Online)

Division of Corporations

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ASHFORD UNIVERSITY, LLC

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