

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000004237

FILED
Oct 18, 2006
Secretary of State

Entity Name: CENTER FOR ENGLISH STUDIES, LLC

Current Principal Place of Business:

330 SEVENTH AVENUE, 2ND LEVEL
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

330 SEVENTH AVENUE, 2ND LEVEL
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 20-1794267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: SUZANNE WALFORD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLS, ANDREW
Address: LOMA HOUSE, 103 LOMA ROAD HOVE
City-St-Zip: EAST SUSSEX BN3 3EL UK, XX XX

Title: MGR () Delete
Name: HALE, SEAN
Address: 330 SEVENTH AVENUE, 2ND LEVEL
City-St-Zip: NEW YORK, NY 10001

Title: MGR () Delete
Name: WALFORD, SUZANNE
Address: 330 SEVENTH AVENUE, 2ND LEVEL
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SUZANNE WALFORD

MGR

10/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date