

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000002725

**FILED**  
**Feb 14, 2014**  
**Secretary of State**

**Entity Name:** INNOVATIVE EDUCATIONAL PROGRAMS, L.L.C.

**Current Principal Place of Business:**

287 CHILDS ROAD  
BASKING RIDGE, NJ 07920

**New Principal Place of Business:**

**Current Mailing Address:**

287 CHILDS ROAD  
BASKING RIDGE, NJ 07920

**New Mailing Address:**

**FEI Number:** 22-3515155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JOAN TALOSA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** CEO  
**Name:** O'DONNELL, ANTHONY  
**Address:** 287 CHILDS ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920

**Title:** PRES  
**Name:** SIMONIC, JAMES  
**Address:** 287 CHILDS ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920

**Title:** CFO  
**Name:** GILDAY, JAMES  
**Address:** 287 CHILDS ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920

**Title:** VP  
**Name:** SMITH, BRUCE  
**Address:** 287 CHILDS ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** JAMES GILDAY

CFO

02/14/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date