2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 FEB 25 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100118759101

DOCUMENT # M06000005462

1. Entity Name
SOLID QUALITY LEARNING, LLC

Principal Place of Business	Mailing Address
500 108th Ave NE Ste 800 Bellevue, WA 98004	500 108th Ave NE Ste 800 Bellevue, WA 98004
2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

02142008 REIN-LLC CR2E101 (1/07)

4. FEI Number: 51-0437946 ☐ 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
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE. SUITE 4 WESTON, FL 33331	Name: Corporation Service Company Street Address (P O Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301

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: Jacqueline N Cooper   2/25/08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORAN. BRIAN 2412 ANDORRA PLACE RESTON, VA 20191	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRERO. FERNANDO C/ VIRGEN DE LOS DOLORES 42. 3 ALBATERA, ALICANTE 03340 SPA,	☐ 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	REINSTATEMENT 2007-2008	☐ 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

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: Brian Moran   2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CSC
CORPORATION SERVICE COMPANY

M06000005462

ACCOUNT NO. : 072100000032

REFERENCE : 458810 7621089

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 377.50

FILED
08 FEB 25 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 25, 2008

ORDER TIME : 3:16 PM

ORDER NO. : 458810-005

CUSTOMER NO: 7621089

REINSTATEMENT

RECEIVED
08 FEB 25 PM 4:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SOLID QUALITY LEARNING, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____