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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M12000001001</u>					
1. Limited Liability Company's Name <u>Academic Partnerships, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>2200 Ross Avenue</u>		3. Mailing Office Address <u>2200 Ross Avenue</u>		4. State/Country of Formation <u>Delaware, USA</u>	
Suite Apt # etc <u>3800</u>		Suite Apt. # etc <u>3800</u>		5. Date Organized or Qualified To Do Business in Florida <u>02/22/2012</u>	
City & State <u>Dallas, TX</u>		City & State <u>Dallas, TX</u>		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <u>75201</u>	Country <u>USA</u>	Zip <u>75201</u>	Country <u>USA</u>	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>CT Corporation System</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>					
Suite Apt # Etc					
City <u>Plantation</u>		State <u>FL</u>	Zip Code <u>33324</u>		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>Connie Beyer</u> Date <u>8/11/2014</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AR	Chad Craycraft	2200 Ross Ave, Ste 3800		Dallas, TX 75201	
MGR	Please see attached				
11. E-mail Address <u>chad.craycraft@academicpartnerships.com</u> (To be used for future annual report reminders)					
12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager: <u>Chad Craycraft</u> Date <u>8/11/14</u> Daytime Phone # <u>214-210-4060</u> Typed or printed name of signing Authorized Representative/Manager: <u>Chad Craycraft, Acting General Counsel</u>					

RE 8/11/14

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TALLAHASSEE, FLORIDA

MANGERS of ACADEMIC PARTNERSHIPS, LLC

(Names and Addresses)

Randolph E. Best
2200 Ross Avenue
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Dallas, TX 75201

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Suite 800
New York, NY 10019

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Division of Corporations

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Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
ACADEMIC PARTNERSHIPS, LLC

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