

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M17000002549

DOCUMENT # M17000002549
1. Limited Liability Company's Name
The National Research Center for College and University Admissions, LLC

800367678978
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2. Principal Office Address - No P.O. Box # 701 Brazos Street		3. Mailing Office Address 701 Brazos Street	
Suite, Apt. #, etc. 5th Floor		Suite, Apt. #, etc. 5th Floor	
City & State Austin, TX		City & State Austin, TX	
Zip 78701	Country USA	Zip 78701	Country USA

CR2E041 (1/14)

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 3/24/2017	
6. FEI Number 26-2320841	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite.
1201 HAYS ST

Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

PH: 214-3
STATE
FILE

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 _____ Date 05/12/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Doug Hughes	701 Brazos, 5th Floor	Austin, TX 78701
AR	Sam Marshall	701 Brazos, 5th Floor	Austin, TX 78701
AR	Shobhan Thakkar	701 Brazos, 5th Floor	Austin, TX 78701
MGR	ACT, Inc.	500 Act Drive	Iowa City, IA 52243

11. E-mail Address: shobhan.thakkar@nrccua.org
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [Signature] Date 5/13/21 Daytime Phone # 312-771-7020

Typed or printed name of signing authorized representative/member Shobhan Thakkar

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 813216 8273579
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 900.00

ORDER DATE : May 13, 2021
ORDER TIME : 9:20 AM
ORDER NO. : 813216-005
CUSTOMER NO: 8273579

REINSTATEMENT

NAME: THE NATIONAL RESEARCH CENTER
FOR COLLEGE AND UNIVERSITY
ADMISSIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS _____