

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED


04 DEC 14 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



11172004 REIN-P CR2E098 (6/04)

DOCUMENT # P00000083930			
1. Entity Name NATIONAL EDUCATION LOAN NETWORK OF FLORIDA, INC.			
Principal Place of Business 6420 SOUTHPPOINT PKWY JACKSONVILLE, FL 32216		Mailing Address 6420 SOUTHPPOINT PKWY JACKSONVILLE, FL 32216	
2. Principal Place of Business		3. Mailing Address 121 S. 13th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201	
City & State		City & State Lincoln, NE	
Zip	Country	Zip	Country
68508	USA	68508	USA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMES, TERRY 121 SOUTH 13 STREET #301 LINCOLN, NE 68508 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 S. 13th St. Ste. 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DUNLAP, MICHAEL S 6801 SOUTH 27 STREET LINCOLN, NE 68512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 S. 13th St. Ste. 201 Lincoln, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MARTINEZ, EDWARD P 6420 SOUTHPPOINT PKWY JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S 3015 S. Parker Rd. Ste. 400 Aurora, CO 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300043405403 12/14/04--01048--007 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			