

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 24 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

REINSTATEMENT 07-09
CR2E081 (12/07)

DOCUMENT # P06000095590

1. Corporation Name

Teachers for Public School Excellence, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2200 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33137

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

July 19, 2006

5. FEI Number
20-5227491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Karen Aronowitz

Street Address (P.O. Box Number is Not Acceptable)

2200 Biscayne Blvd

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33137

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Handwritten signature of Karen Aronowitz

REGISTERED AGENT MUST SIGN

Date July 22, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Karen Aronowitz	2200 Biscayne Blvd	Miami, Florida 33137

000133812490
07/31/08--01016--017 **308.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Handwritten signature of Karen Aronowitz* Karen Aronowitz

07/22/08

(305) 854-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 24 PM 12:02

DOCUMENT #

1. Limited Liability Company's Name

RUSSEL HAMARNAH, D.M.D., PLLC

500133140135
07/18/08--01036--001 **416.25

CR2E041 (12/07)

2. Principal Office Address No P.O. Box #

1690 Renaissance Commons Blvd

State, Apt. #, etc.

#1416

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Office Address

1690 Renaissance Commons Blvd

State, Apt. #, etc.

#1416

City & State

Boynton Beach, FL

Zip

33426

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

7/11/05

6. I.I.I. Number

203154198

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Russel Hamarnah

Street Address (P.O. Box number is Not Acceptable)

1690 Renaissance Commons Blvd

State, Apt. #, etc.

#1416

City

Boynton Beach

State

FL

Zip Code

33426

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/15/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Last Managing Member/Manager	City / State / Zip
MGRM	Russel Hamarnah	1690 Renaissance Commons Blvd	Boynton Beach, FL 33426

REINSTATEMENT *do-08*

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company has satisfied the requirements of section 608.406, 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.

Signature of Managing Member/Manager

Date 7/15/08

Daytime Phone # 954-328-6065

Typed or printed name of signing Managing Member/Manager Russel Hamarnah

Received Time Jul 15 12:31PM