PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # F 1. Corporation Name Teachers for Pul



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

08 JUL 24 AM 11: 30

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DOCUMENT # P06000095590

Teachers for Public School Excellence, Inc.

			1 7570				
2. Principal Office Address - No P.O. Box #	1	3. Mailing Office Address 2200 Biscayne Blvd.		REINSTATEMENT 07-08			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified				
City & State	City & State Miami, Florid	City & State Miami, Florida		To Do Business in Florida July 19, 2006 5. FEI Number Applied For 20-5227491 Not Applicable			
Zip Country	Zíp 33137	Country U.S.	6.	SOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Name Karen Aronowitz	ess of Current Registere	d Agent	circum:	The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Accep 2200 Biscayne Blvd Suite, Apt. #, Etc.	table)		the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
City Miami		State Zip Code 33137					
8. I, being appointed the registered agent of the Signature of Registered Agent 9. Names and Street Addresses of Each Office	Monoissi REGISTERED AGENT	Must sign		on 607.0505 or 617.0503, F.S. Date July 22, 2008			
Titles Name of Officers and/or Dire		Street Address of Ea Officer and/or Direct	ch	City / State / Zip			
D/P Karen Aronowitz	22	2200 Biscayne Blvd		Miami, Florida 33137			
			บเรีย	10133812490 70801016017 **308.75			
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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:

July Wespount

Karen Aronowitz

07/22/08

(305) 854-0220

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Limitor Labelity Company's Name RUSSEL HAMARNAH, D.M.D., PLLC 17/18/08-01036-001 **416.25 CR2EO41 (1207) 2. Principal Order Address No.P.O. Dox # 1690 Renaissance Commons Blvd Suite, Apt. #, etc. 17/11/05 Suite, Apt. #, etc. 1890 Country 1990 Coun	LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE. Secretary of State DIVINION OF CORPORATIONS			DIVISION OF CORRESPONDENCE				
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Suite And it feet. Suite And it feet. Suite Agric & old	1690 Rena	issance Commons Blvd	1690 Rei	*			4. State/Country of Formydigh			
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roed or printed name of signing Managing Member/Manager Russel Hamarnah	lanagling Member	· ·	/ 2		.•	Date 7/1 5/0	م 8	ayume Phone # 954-328-6	065	
Received Time Jul. 15. 12:31PM					nah					