## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |   | -   |
|---|---|---|
| CORPORATION REINSTATEMENT   | FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE MYTSION OF CORPORATIONS OI MAY 18 PM 12: 24  |
| DOCUMENT # P 95000  |   |   |
| Student Note Services, Inc.   |   | 3000044169131<br>-06/13/0101009022<br>***1508.75 ***1508.75   |
|   | 1001-10580  | THE ALL OF |
| 2. Principal Office Address 675 West Jefferson ST.  | Wist Detterson Si.  | REINSTATEMT 96-073  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | Date Incorporated or Qualified     To Do Business in Florida     S  |
| Tallahassee FL  | Tallahassee FL  | 5. FEI Number Applied For Not Applicable  |
| 32304 Country   | 32304 Country   | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status  |
| 7. Name and Address of Current Registered Agent   |   |   |
| Name Brian Andrew Hall Street Address (P.O. Box Number is Not Acceptable) 2332 Vin Kara Drive Suite, Apt. #, Etc.   |   |   |
| la la hassee   FL 32303   |   |   |
| 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 Pale Pale Pale Pale Pale Pale Pale Pale   |   |   |
| 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<br>Officer and/or Director   |   |
| Pres Anne E Hall  | 2332 Vin Kara   | Dr. Tallahassee FL 32303  |
| Seytres Brian A. Hall   | 2332 Vinkara  | Dr. Tallahassee FL 32303  |
| - 1350.00-Adm   |   | JA 15   |
| 61.as-AR  |   | 1/8/10  |
| 88.75-ARSUP   | )   | ·   |
| 8.75- Celt  |   |   |
|   |   | provided for in chapter 607 or 617, F.S. I further certify that when filing 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 under section 119.07(3)(i), 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 Prian a Hall 4/25/01 222-0013   |   |   |

222-0013 Daytime Phone #