

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000112324

Entity Name: ACL INTERNATIONAL EDUCATION CENTER, LLC**Current Principal Place of Business:**A-13. AIMO CGHS. CLASSIC APARTMENT
PLOT NO. 11, SEC. 22
DWARKA, NEW DELHI 110075**Current Mailing Address:**ACL, 2ND FLOOR, GOEL PALACE
FAIZABAD ROAD
LUCKNOW 226016, UP, INDIA, XX XXXXX-XXXX OC**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 US*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.***SIGNATURE:** TINA MAKI, PRESIDENT**09/28/2015**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	MALHOTRA, MANISH
Address	C/O ACL, 1ST FL, NISHITH PLZA, CP-66 SEC E ENGG/COLLEGE CROSSING- JANKIPURAM
City-State-Zip:	LUCKNOW UP

Title	MGR
Name	SHARMA, PRAVIN
Address	#A-13, CLASSIC APPARTMETNS, AMIO CGH SEC 22
City-State-Zip:	DWARKA NEW DELHI 110075

Title	MGR
Name	CHATTERJEE, KALPANA
Address	#107, NEW GULISTAN COLONY, CHINHAT
City-State-Zip:	LUCKNOW UTTAR PRADESH

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRAVIN SHARMA**MGR****09/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date