

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN -2 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P05885**

1. Corporation Name  
EF International Language Schools, Inc.

One Education Street  
One Education Street

2. Principal Office Address  
One Education Street

3. Mailing Office Address  
One Education Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Cambridge, MA

City & State  
Cambridge, MA

Zip Country  
02141 USA

Zip Country  
02141 USA

4. Date Incorporated or Qualified To Do Business in Florida **05/03/1985**

5. FEI Number  
77-0005740

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

**JAMES MANDL**

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

**2469 COLLINS AVENUE**

Suite, Apt. #, Etc.

City

**MIAMI BEACH**

State

**FL**

Zip Code

**33140**

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]*

REGISTERED AGENT MUST SIGN

Date **05/27/04**

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	Eva Kockum	c/o EF EDUCATION FIRST LTD HALDENSTRASSE 4	CH-6006 LUZERN SWITZERLAND
D	Reine Beltzer	c/o EF EDUCATION FIRST LTD HALDENSTRASSE 4	CH-6006 LUZERN SWITZERLAND
T	Pal Ujvarosi	c/o EF EDUCATION ONE EDUCATION STREET	CAMBRIDGE/MA/02141
S	Pal Ujvarosi	c/o EF EDUCATION ONE EDUCATION STREET	CAMBRIDGE/MA/02141
P	Eva Kockum	c/o EF EDUCATION FIRST LTD HALDENSTRASSE 4	CH-6006 LUZERN SWITZERLAND

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 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14 2004 (617) 619.1000**

Date

Daytime Phone #

CR2E081 (01/04)