

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -8 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05885

1. Corporation Name

EF International Language Schools, Inc.

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

1 Education Street

Suite, Apt. #, etc.

City & State

Cambridge, MA

Zip
02141

Country
USA

3. Mailing Office Address

1 Education Street

Suite, Apt. #, etc.

City & State

Cambridge, MA

Zip
02141

Country
USA

REINSTATEMENT 05/03/1985

4. Date Incorporated or Qualified To Do Business in Florida

05/03/1985

5. FEL Number
77-0005740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.

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

REGISTERED AGENT MUST SIGN

Date 5/2/2007

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	Lisa Berman Sousa	1 Education Street	Cambridge, MA, 02141
D	Fredrik Henriksson	EF Education First Ltd., Haldenstrasse 4	Lucerne, CH-6006, Switzerland
T/S	Henrik Bootz	1 Education Street	Cambridge, MA, 02141
			200103041352 05/22/07--01053--008 **1050.00

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:

Henrik Bootz

05/02/2007

617-619-1755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #