


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

10 APR -8 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200172789932  
03/22/10--01051--002 \*\*306.25  
CR2E081 (11/09)

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F00000004069**  
1. Corporation Name  
EXPEDITIONARY LEARNING OUTWARD BOUND, INC.  
*WI-14507*

2. Principal Office Address - No P.O. Box # 247 W35th Street		3. Mailing Office Address 247 W35th Street	
Suite, Apt. #, etc. 8FL		Suite, Apt. #, etc. 8FL	
City & State New York, NY		City & State New York, NY	
Zip 10001	Country	Zip 10001	Country

4. Date Incorporated or Qualified To Do Business in Florida **07/17/2000**

5. FEI Number 06-1576405	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**2731 Executive Park Drive**

Suite, Apt. #, Etc.  
**Suite 4**

City <b>Weston</b>	State <b>FL</b>	Zip Code <b>33331</b>
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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.

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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
<i>Chair</i>	Virginia Worden	247 W35th Street	New York, NY 10001
<i>Treasurer</i>	Irwin Silverberg	247 W35th Street	New York, NY 10001
<i>Vice Chair</i>	Bruce Rich	247 W35th Street	New York, NY 10001

**REINSTATEMENT** *06-10* **RH**

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. 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. I further certify, 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: *Ruth Slaw* **(212) 239 4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #