


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19843**

1. Corporation Name
ASSOCIATION DE L'ECOLE FRANCAISE DE MIAMI, INC.
1200 Anastasia Avenue - Suite 300
Coral Gables, Florida 33134

| | | | |
|--|-------------------|---|-------------------|
| 2. Principal Office Address 1200 Anastasia Avenue Suite, Apt. #, etc. Suite 300 | | 3. Mailing Office Address P.O. Box 430845 Suite, Apt. #, etc. | |
| City & State Coral Gables, Florida | | City & State Miami, Florida | |
| Zip 33134 | Country U.S.A. | Zip 33243-0845 | Country U.S.A. |

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida **3-26-1987** **SP**

5. FEI Number **59-2803334** 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 **STEVEN A. EDELSTEIN**

Street Address (P.O. Box Number is Not Acceptable) **1200 Anastasia Avenue - Suite 300**

Suite, Apt. #, Etc.

City **Coral Gables, Florida 33134**

State **FL** Zip Code **33134**

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******297.50 ****297.50**

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 *Steven Edelstein* Date **10 August 2001**

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 |
|--------|-----------------------------------|--|-----------------------------|
| D-P | JOSE GUREVICH, D.D.S. | 6000 Bird Road Bureau Veritas | Miami, Florida 33155 |
| D-VP | JEAN-MICHEL CAFFIN | 7955 N.W. 12 St. - Suite 100 | Miami, Florida 33126 |
| D | STEVEN A. EDELSTEIN | 1200 Anastasia Ave. - Suite 300 | Coral Gables, Florida 33134 |
| | | | |
| | | | |

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: *Steven Edelstein* Date **7/2/01** Daytime Phone # **305-665-5525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (9/00)