

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 10:08

DOCUMENT # 000000113109

1. Corporation Name

ACCESS TO LANGUAGE STUDIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100010158081
01/16/03--01049--006 **300.00

2. Principal Office Address

9206 18TH DR NW

Suite, Apt. #, etc.

City & State

BRADENTON-FL

Zip

34209

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-2000

5. FEI Number

65-106 2202

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

DILERMANO P. SILVA

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

9206 18TH DR. NW.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

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 1-6-03

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
PES	DILERMANO SILVA	9206 18TH DR. NW	BRADENTON-FL-34209
VP&T	VALERIA D. SILVA	9206 18TH DR. NW.	BRADENTON-FL-34209

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 617-247-9297

Date

Daytime Phone #

CR2ED01 (10/02)

2/11/03



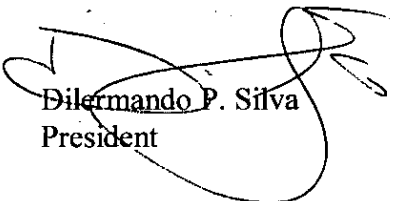
**Department of State
Division of Corporations
PO Box 6327
Tallahassee – FL – 32314**

Dear Sirs,

I would like to request the reinstatement of my corporation, ACCESS TO LANGUAGE STUDIES, INC. We failed to send the Uniform Business Report in 2002, because we never received the form in the mail. In the previous year our accountant filled out the form and sent it to your office, therefore we did not even expect to receive it. We were caught by surprise when we received a letter from you stating that our corporation had been dissolved. After some research, I was finally able to speak to an officer on the phone and she instructed me to download the form on the Internet and attach a check of \$300 for last year's and this year's taxes. I kindly request the wave of the penalty, as we never received the proper form.

I appreciate your attention to this matter,

Truly yours,


Dilermando P. Silva
President