

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000156154

**FILED  
Mar 17, 2005  
Secretary of State**

**Entity Name:** ABC ISLAND LANGUAGE PROGRAMS, INC.

**Current Principal Place of Business:**

2615 MAITLAND CROSSING WAY  
ORLANDO, FL 32810

**New Principal Place of Business:**

2615 MAITLAND CROSSING WAY  
SUITE 9107  
ORLANDO, FL 32810

**Current Mailing Address:**

2615 MAITLAND CROSSING WAY  
ORLANDO, FL 32810

**New Mailing Address:**

2615 MAITLAND CROSSING WAY  
SUITE 9107  
ORLANDO, FL 32810

FEI Number: 41-2126210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, ARISTIDES J  
425 WEST COLONIAL DRIVE STE 206  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

SHAHAF, LOURDES Z  
2615 MAITLAND CROSSING WAY SUITE 9107  
ORLANDO, FL 32810 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOURDES ZOE SHAHAF

03/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHAHAF, LOURDES Z  
Address: 2615 MAITLAND CROSSING WAY  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SHAHAF, LOURDES Z  
Address: 2615 MAITLAND CROSSING WAY SUITE 9107  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES ZOE SHAHAF

D

03/17/2005

Electronic Signature of Signing Officer or Director

Date