PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

732827

1. Corporation Name

THE BILINGUAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 653541

on this

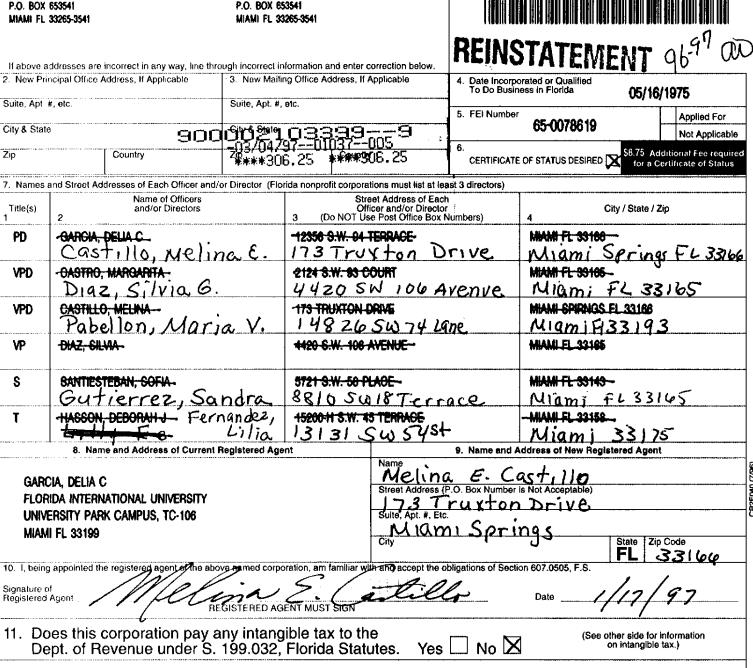
SIGNATURE:

P.O. BOX 653541

Bets | Laure Carrie Cont

97 FEB 28 PM 12: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA



12. Learlify 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 hainstatement 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

application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR