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5/4/2016 1:41:42 PM From: To: 8506176384(2/2)

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 MAY -4 PM 2:54

SECRETARY OF STATE TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F10000002151

1. Corporation Name

THE ASSOCIATION FOR THE ADVANCEMENT OF INTERNATIONAL EDUCATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3301 College Ave.		3301 College Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Mailman-Hollywood Bldg 314		Mailman-Hollywood Bldg 314	
City & State		City & State	
Fort Lauderdale, FL		Fort Lauderdale, FL	
Zip	Country	Zip	Country
33314	USA	33314	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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 05/04/2016

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
Mrs.	Yolanda Murphy	1912 S Ocean Dr 11B	Hallandale Beach / FL / 33009
Dr.	Ron Marino	7150 Estero Blvd #900	Fort Myers / FL / 33931
Dr.	Kevin Glass	260 Rumson Rd. NE	Atlanta / GA / 30305
Dr.	Paul Poore	1911 NW 150 Ave	Pembroke Pines / FL / 33028
Dr.	Linda Duevel	Risnesvegen 19	Tananger / NORWAY/ 4056

10. E-mail Address: yolanda.murphy-barrena@aaie.org
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

SIGNATURE: Yolanda Murphy 4/27/2016 651-332-1549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/17/2013 Wolters Kluwer CCH

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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CORPORATION REINSTATEMENT
THE ASSOCIATION FOR THE ADVANCEMENT OF INTERNATIONAL

Certificate of Status	0
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