

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

Handwritten signature

DOCUMENT #

L99-1828

1. Limited Liability Company's Name

**CONVERSE INTERNATIONAL SCHOOL OF LANGUAGES,
FLORIDA, L.L.C.**

REINSTATEMENT *2000*

2. Principal Office Address

305 S. Andrews Ave.

Suite, Apt. #, etc.

Suite 701

City & State

Fort Lauderdale, FL

Zip

33301

Country
USA

3. Mailing Office Address

305 S. Andrews, Ave.

Suite, Apt. #, etc.

Suite 701

City & State

Fort Lauderdale, FL

Zip

33301

Country
USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

03/31/99

6. FEI Number

65-0906795

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Jean-Pierre Guittard

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

505 Orton Ave.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

900003456239-8
-11/07/00--01127-015
******150.00-****150.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Handwritten signature of Jean-Pierre Guittard

Date **10/23/00**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|------------------|--------------------------------------|---|--------------------|
| managing member: | Javier Arozarena | c/o: C.I.S.L. 626 Broadway Suite 210 San Diego, CA | 92101 |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Handwritten signature of Javier Arozarena

Date **10/23/00** Daytime Phone # **619-239-3363**

Typed or printed name of signing Managing Member/Manager **Javier Arozarena**

CR2E041 (9/00)