

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2001
LIMITED LIABILITY COMPANY REINSTATEMENT
 ULR



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 OCT 29 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H 00000000 919
 1. Limited Liability Company's Name
 LINGUANET, LLC
 dba ACCENT ON LANGUAGE

2. Principal Office Address AT ST. THOMAS UNIVERSITY
 16400 NW 32 AVE
 Suite, Apt. #, etc. CASCIA HALL #102
 City & State MIAMI FL
 Zip 33054 Country USA

3. Mailing Office Address AT ST. THOMAS UNIVERSITY
 16400 NW 32 AVE
 Suite, Apt. #, etc. CASCIA HALL #102
 City & State MIAMI FL
 Zip 33054 Country USA

REINSTATEMENT 2000

4. State/Country of Formation FL/US
 5. Date Organized or Qualified To Do Business in Florida MAY 15, 2000
 6. FEI Number 061459731 Applied For Not Applicable
 7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name INGRID POWERS
 Street Address (P.O. Box Number is Not Acceptable) 300004670263-2
25 NW 188 ST -11/07/01--01014--004
 Suite, Apt. #, Etc. *****50.00 *****50.00
 City MIAMI, FL 33169 State FL Zip Code 33169

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 Ingrid Powers Date 10/24/01
 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
MGR	INGRID POWERS	25 NW 188 ST	MIAMI, FL 33169

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 Ingrid Powers Date 10/24/01 Daytime Phone # 305-622-7300
 Typed or printed name of signing Managing Member/Manager _____

CR2E041 (9/01)