

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2008 SEP -9 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N-04000006707**

1. Corporation Name

International School of Florida

2. Principal Office Address - No P.O. Box #

7308 E. Fowler Avenue

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33617

Country

USA

3. Mailing Office Address

7308 E. Fowler Avenue

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33617

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/2004

5. FEI Number  
20-1457740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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09/04/2008-00009-000 88428 75

**7. Name and Address of Current Registered Agent**

Name

Anne-Gaëlle Hequet

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

7308 E. Fowler Avenue

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33617

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

REGISTERED AGENT MUST SIGN

Date 09/04/2008

**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
P	CHUINE, Patrick	Penampral	29300 Mellac (FRANCE)
S	VILLIERS MORIAME Michel	6, bis rue de l'ancienne mairie	78000 Montigny le Bretonneux (Fr)
T	LAVISSE Clothilde	Kerbonalec	29300 Arzano (FRANCE)

REINSTATEMENT  
05-08

10. 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., 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 contained in Chapter 119, F.S. 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:

*P. Chuine*

Patrick Chuine, Président

09/04/2008

813-263-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #