

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -2 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05885**

1. Corporation Name

EF International Language Schools, Inc.

One Education Street

One Education Street

2. Principal Office Address

One Education Street

3. Mailing Office Address

One Education Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cambridge, MA

City & State

Cambridge, MA

Zip

02141

Country

USA

Zip

02141

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/03/1985

5. FEI Number

77-0005740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES MANDL

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

2469 COLLINS AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/27/04

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
D	Eva Kockum	C/O EF EDUCATION FIRST LTD HALDENSTRASSE 4	CH-6006 LUZERN SWITZERLAND
D	Reine Beltzer	C/O EF EDUCATION FIRST LTD HALDENSTRASSE 4	CH-6006 LUZERN SWITZERLAND
T	Pal Ujvarosi	C/O EF EDUCATION ONE EDUCATION STREET	CAMBRIDGE/MA/02141
S	Pal Ujvarosi	C/O EF EDUCATION ONE EDUCATION STREET	CAMBRIDGE/MA/02141
P	Eva Kockum	C/O EF EDUCATION FIRST LTD HALDENSTRASSE 4	CH-6006 LUZERN SWITZERLAND

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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14 2004 (617) 619.1000

Date

Daytime Phone #

CR2E081 (01/04)