

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAY -8 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05885

1. Corporation Name

EF International Language Schools, Inc.

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

1 Education Street

Suite, Apt. #, etc.

City & State

Cambridge, MA

Zip  
02141

Country  
USA

3. Mailing Office Address

1 Education Street

Suite, Apt. #, etc.

City & State

Cambridge, MA

Zip  
02141

Country  
USA

**REINSTATEMENT**

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

☐ 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.

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 5/2/2007

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
D	Lisa Berman Sousa	1 Education Street	Cambridge, MA, 02141
D	Fredrik Henriksson	EF Education First Ltd., Haldenstrasse 4	Lucerne, CH-6006, Switzerland
T/S	Henrik Bootz	1 Education Street	Cambridge, MA, 02141
			200103041352 05/22/07--01053--008 **1050.00

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:

Henrik Bootz

05/02/2007

617-619-1755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #