	DI EASE DEAD			DEEODE C	· · · · · · · · · · · · · · · · · · ·			
	PLEASE READ A PLICATION FOR STATEMENT	FLORID	A DEPARTMEI Sandra B. Mor Secretary of S IVISION OF CORPOR	NT OF STATE tham State	1		APFI A FIL	RUVEL ND ED
DOCUMENT # P33130 1. Corporation Name CENTER FOR APPLIED LINQUISTICS, INCORPORATED					98 NOV 30 AM IQ: 30 SECRETARY OF STATE FALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Addr 1118 22ND-ST N.W. 1118 22ND-S WASHINGTON DC 20037 WASHINGTON			nf N.W. N DC 20037			300002702558		
	ing for D.C.	3. New Maili #6 46 Suite, Apt. #, City & State	ng Office Address, If 40 th St., If etc. Leagton, D	Applicable (1, W.	4. Date Incorp To Do Busir 5. FEI Number 6.	orated or Qualified ness in Florida 52-0807619 FOR STATUS DESIRED	03/12/	
		rida nonprofit corporations must list at least 3 directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip TITUSVILLE 氏 NJ			
S	Robson, Barbara Sayles, ann	1118 22ND STREET, N. W. 46 46 40th St, N.W.			WASHINGTON, D. C.			
P/D	CHRISTIAN, DONNA	1118-22ND ST., NW - 4646 4014 St., N.W.			WASHINGTON DC			
VP -	PEYTON, JOY	1118 22ND STREET, N.W. 4646 40 75 St., N.W.			WASHINGTON DC			
T	STAUBS, EARL	30-ERSELIA-COURT 4646 4012 ST NW			ALAMO-GA Washington DC			
Vc/D	SNOW, CATHERINE HARVARD UNIV CUEVAS GILBERTO U. of mid 8. Name and Address of Current Registered Agent			., 313 LARSEN HALL CAMBRIDGE MA mi School of Education Coral Gables, FL 9. Name and Address of New Registered Agent				
GROGNET, ALLENE G. 4937 LANDINGS COURT 630 S. Orange Ave. Swife 103 SARASOTA FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date November 16, 1998 11. This corporation even or has poid the current year.								
Intangible Personal Property tax due June 30. Yes No See other side for information on intangible tax.) 12. 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.								

11-20-98 202-362-0700 Date Dayline Phone #

SIGNATURE: Donna Christian Donna Christian SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR