

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p><i>#375-reinst.</i></p>	
<p>DOCUMENT #</p> <p>1. Corporation Name</p> <p style="text-align: center;"><i>EF Schools, Inc.</i></p>		<p>Principal Place of Business</p> <p><i>One Memorial Drive Cambridge, MA 02142</i></p>		<p>Mailing Address</p> <p><i>One Memorial Drive Cambridge, MA 02142</i></p>	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>					
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p><i>7/2/92</i></p> <p>5. FEI Number</p> <p><i>04-3156817</i></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	<i>Martha Doyle</i>	<i>One Memorial Dr</i>	<i>Cambridge MA 02142</i>		
T	<i>Sophia Petradelis</i>	<i>103 Norris Brook Rd</i>	<i>Peabody, MA 01960</i>		
S	<i>Goran Casserlov</i>	<i>Tennyson Rd</i>	<i>Wellesley, MA</i>		
				<p>200002137142--0</p> <p>04/08/97 01142 019</p> <p>***410.00 ***375.00</p>	
<p>REINSTATEMENT <i>96</i></p>				<p>VS APR 8 1997</p>	
<p>8. Name and Address of Current Registered Agent</p> <p><i>The Prentice Hall Corp 1201 Main Street Suite 105 Tallahassee FL 32301</i></p>			<p>9. Name and Address of New Registered Agent</p> <p>Name <i>Michelle Lewis</i></p> <p>Street Address (P.O. Box Number is Not Acceptable) <i>3000 NE 145th St.</i></p> <p>Suite, Apt. #, Etc.</p> <p>City <i>N. Miami</i> State FL Zip Code <i>33181</i></p>		
<p>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.</p> <p>Signature of Registered Agent <i>[Signature]</i> Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>					
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>					
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.</p>					
<p>SIGNATURE:</p> <p><i>[Signature]</i></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			<p><i>Goran Casserlov</i></p> <p>Date <i>3/10/97</i> Daytime Phone # <i>617-252-6214</i></p>		

FILED
97 APR -2 AM 11:48
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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