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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -7 AM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000065604

1. Corporation Name

SCHILLER INTERNATIONAL UNIVERSITY -
UNIVERSITY DIVISION, INC

400005108334--9

-03/14/02--01060--004

***2100.00 ***1050.00

2. Principal Office Address

453 Edgewater Drive

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Office Address

c/o Schiller International University

Suite, Apt. #, etc.

Attn: Thomas Leibrecht
Bergstrasse 106

City & State

69121 Heidelberg

Zip

Country

GERMANY

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/94

5. FEI Number

59-3405906

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

F&L Corp

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

200 Laura Street North

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32202

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

Martin A. Traber, Vice Pres.

Date 3/5/02

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
DC	Prof. Dr. Walter Leibrecht	Im Schloss	74379 Ingersheim GERMANY
DST	Dr. Christoph Leibrecht	51-55 Waterloo Road	London SE1 8TX GREAT BRITAIN
D	Imtraud August	Waidmannstrasse 32	75334 Staubenhardt-Schwann GERMANY
D	Dr. Sven Johanson	15 Court Square	Boston, MA 02108
D	Dr. Harald Leibrecht	Im Schloss	74379 Ingersheim GERMANY
See Attachment for Additional Directors			

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)(f), 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:

Thomas H. Leibrecht

T. LEIBRECHT

19 February 2002 (727) 736-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

SCHILLER INTERNATIONAL UNIVERSITY - UNIVERSITY DIVISION, INC.
(DOC. NO. P94000065604)

CORPORATION REINSTATEMENT

Section 9. Names and Street Addresses of Each Officer and/or Director

<u>TITLES</u>	<u>NAME OF OFFICERS AND/OR DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND/OR DIRECTOR</u>	<u>CITY/STATE/ ZIP CODE</u>
D	Dr. Peter L. Lehmann	2740 Hampton Parkway	Evanston, IL 60201
D	Wolf-Fritz Oettler	Apartado Postal 20-187	Mexico 20 DF MEXICO CPO 1000
D	Thomas Leibrecht	Bergstrasse 106	69121 Heidelberg GERMANY
D	Dr. Erdmuthe Tillich-Farris	540 West 122 Street	New York, NY 10027