

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT #

P95000002266

1. Corporation Name

Language Liaison INC.

2. Principal Office Address

4 Burnham Pkwy.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Morristown, N.J.

City & State

same

Zip

07960

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-0559490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nancy Forman

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

20533 Biscayne Blvd.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

600003172816-9

-03/16/00--01063--017

\*\*\*\*308.00 \*\*\*\*308.00

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

Nancy Forman

REGISTERED AGENT MUST SIGN

Date

3/1/2000

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
P	Nancy Forman	4 Burnham Pkwy.	Morristown, NJ 07960

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Forman

3/1/2000

Date

898-1416

Daytime Phone #

KE

CR2E081 (9/99)

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Florida Dept. of State  
Division of Corporations  
Corporate Records  
PO Box 6327  
Tallahassee, FL 32314

Attn: Kristen Eckel

March 1, 2000

Dear Kristen:

Our company, Language Liaison, Inc. has been a corporation in the state of Florida for many years. I was recently notified by my bank that we are no longer an active corporation. Upon further research, I discovered that we did not receive any of the prior notices from the Division of Corporations regarding status or any payment due.

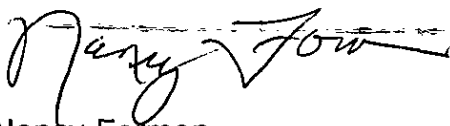
I would like to reinstate the corporation as quickly as possible. I have enclosed a check for \$308 for 1999 and 2000 fees as well as a Certificate of Status. Please return this to:

Language Liaison  
4 Burnham Pkwy.  
Morristown, NJ 07960

Please note that this is our new address.

I appreciate your time in this matter.

Sincerely,

  
Nancy Forman