

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
FILED

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY -4 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051859

1. Corporation Name

SPEAK IT ALL LANGUAGES, INC

2. Principal Office Address

1045 10 TH STREET

Suite, Apt. #, etc.

APT #104

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI DADE

3. Mailing Office Address

1045 10 TH STREET

Suite, Apt. #, etc.

APT #104

City & State

MIAMI BEACH, FL.

Zip

33139

Country

MIAMI DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1997

5. FEI Number

65-0766495

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

AIMEE G. GODARD

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

1045 10 TH STREET

Suite, Apt. #, Etc.

APT 104

City

MIAMI BEACH

State

FL

Zip Code

33139

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 04/28/2005

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
PRES	AIMEE GODARD	1045 10 TH STREET #104	MIAMI BEACH, FL. 33139

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)(g), 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:

PRESIDENT

04/28/05 786-554-8593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Speak It All Languages, Inc.  
1045 10<sup>th</sup> Street, Apt. 104  
Miami Beach, FL. 33139  
(786) 554-8593

April 28, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32399

Re: Speak It All Languages, Inc.  
Document # 97000051859  
Reinstatement

Dear Sir/Madam,

Enclosed please find the corporate reinstatement form which has been signed. Also, I have enclosed a check for \$1050 payable to the Department of State which represents \$150 for each year since 1999 – including 2005. Also I have attached a statement explaining why the annual reports were not filed.  
Thank you for your consideration of this matter.

Very truly,

  
Aimée Godard

Speak It All Languages, Inc.  
1045 10<sup>th</sup> Street, Apt. 104  
Miami Beach, FL. 33139  
(786) 554-8593

April 28, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32399

Re: Document # 97000051859

Dear Sir/Madam,

I respectfully request abatement of penalties for reinstating my corporation as I did not receive the annual reports for timely filing.  
Thank you for your help in this matter. Please call me with any questions.

Very truly,



Aimee Godard