

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LAURA Languages Inc.

Doc Number: P98000102353

2. Principal Office Address

1601 LUGO AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1601 LUGO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec. 09 - 98

5. FEI Number

65-0883672

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

Ana LAURA Moreno

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

1601 LUGO AVE

Suite, Apt. #, Etc.

100008829761

11/06/02--01075--002 \*\*308.75

City

CORAL GABLES

State

FL

Zip Code

33156

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

Ana Laura Moreno

REGISTERED AGENT MUST SIGN

Date 11/01/02

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	Ana LAURA Moreno	1601 LUGO AVE	CORAL GABLES FL 33156

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:

Ana LAURA Moreno

11/01/02 (305) 458 6154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

October 31, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

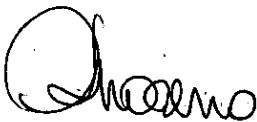
Dear Sir/Madam;

Following your instructions in our phone conversation of today, please kindly wave the reinstatement fee for Laura Languages, Inc., given that we never received the invoices for annual corporation fees for years 2001 and 2002.

Enclosed please find a check for \$308.75.00 for 2001 and 2002 annual fees, Certificate of Status Fee and a complete Corporation Reinstatement Form as required.

Thank you for your attention.

Sincerely;

A handwritten signature in dark ink, appearing to read 'Ana Laura Moreno', with a large, stylized initial 'A'.

Ana Laura Moreno