

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Catherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 30 PM 5:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>999000095044</u>					
1. Corporation Name <u>International Education Services, Inc.</u>					
2. Principal Office Address <u>9285 S.W. 125th Avenue</u>		3. Mailing Office Address <u>SAME</u>			
Suite, Apt. #, etc. <u>U-204</u>		Suite, Apt. #, etc.			
City & State <u>Miami, FL</u>		City & State			
Zip <u>33186</u>	Country <u>USA</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <u>10/28/99</u>	
				5. FEI Number <u>65-1075926</u>	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Robert Flavell, Robert Flavell, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>200 South Biscayne Blvd.</u>	
Suite, Apt. #, Etc. <u>Suite 5120</u>	
City <u>Miami</u>	State <u>FL</u>
	Zip Code <u>33131</u>

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 [Signature] Date 9/5/01

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
President	Fernando Llinas Toledo	9285 SW 125th Avenue Apt. U-204	Miami, FL 33185
Secretary	Ana Maria Otalora Arango	9285 SW 125th Avenue Apt. U-204	Miami, FL 33185

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] F.L.L.T. Date 9/5/01 (305) 377-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR