

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -6 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002890

1. Corporation Name

360TRAINING.COM, INC.

200184103712
08/06/10--01003--009 **1200.00

CR28081 (6/10)

2. Principal Office Address - No P.O. Box #
13801 N. MO PAC EXPY

3. Mailing Office Address
13801 N. MO PAC EXPY

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State
AUSTIN, TX

City & State
AUSTIN, TX

Zip
78727

Country
USA

Zip
78727

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **05/16/2005**

5. FEI Number
74-2823541

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DRIVE, SUITE 4

Suite, Apt. #/Etc.
SUITE 4

City
WESTON

State Zip Code
FL 33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent: **Peter F. Souza**
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date **08/03/2010**

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	ADNAN SATTAR	13801 N. MO PAC EXPY	AUSTIN, TX 78727
VP	ALBERT LILLY	13801 N. MO PAC EXPY	AUSTIN, TX 78727
	Secty BRAD W. DONALDSON	13801 N. MO PAC EXPY	AUSTIN, TX 78727

10. E-mail Address: **DINI.NASH@360TRAINING.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify 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: **Brad W. Donaldson** **BRAD W. DONALDSON** **8/3/2010** **512-539-2701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten initials/signature