

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____


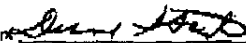

**CORPORATION REINSTATEMENT
NATIONAL INSTRUCTORS RESOURCE CENTER, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PH 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000004686			
1. Corporation Name American Safety and Health Institute, Inc. dba National Instructors Resource Center, Inc.			
2. Principal Office Address - No P.O. Box # 1450 Westec Drive Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Eugene Oregon		City & State	
Zip 97402	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 7/10/06		5. FEL Number 205130074	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	
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 		Diane Stout, Asst. Secretary	
REGISTERED AGENT MUST SIGN		Date 12-29-09	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	William Clendnen	1450 Westec Drive	Eugene Oregon 97402
CFO	Matthew Kenkel	1450 Westec Drive	Eugene Oregon 97402
VP	Jeffry S. Tobin	50 Public Square, Ste 2900	Cleveland OH 44113
SEC	L. Joseph Lee	50 Public Square, Ste 3900	Cleveland OH 44113
Treas	Daniel J. Stankey	50 Public Square, Ste 2900	Cleveland OH 44113
COO	Frank Powers	1450 Westec Drive	Eugene Oregon 97402
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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: 		William Clendnen	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/29/2009	
		Daytime Phone # 541-344-7099	