


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 AUG 23 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P36401
1. Corporation Name Investment Training, Inc

300004559719--3
 -08/28/01--01046--008
 ***1350.00 ***1350.00

2. Principal Office Address
 7667 Sample Rd.
 Suite, Apt. #, etc. Suite 230
 City & State Coral Springs, FL
 Zip 33065 Country Broward

3. Mailing Office Address
 (same)
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650187743
 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 Kevin O'Riordan
 Street Address (P.O. Box Number is Not Acceptable) 7667 Sample Road
 Suite, Apt. #, Etc. Suite 230
 City Coral Springs State FL Zip Code 33065

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 *Kevin O'Riordan* Date 8/22/01
 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
CD PST	Kevin O'Riordan	3528 Mahogany Way	Coral Springs, FL 33065
V	Michael O'Riordan	431 East Shore Drive	Summerland Key, FL 33042

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: *Kevin O'Riordan* KEVIN O'RORDAN 8/22/01 (954) 755-5207
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)