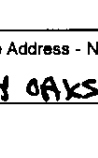


SECRET
DIVISION
10 JUN -8 AM 11:10

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY'S OFFICE DIVISION OF CORPORATIONS 10 JUN -8 AM 11:10	
DOCUMENT # P97000108966					
1. Corporation Name NICHOLAS CONSULTING & TRAINING INC.					
2. Principal Office Address - No P.O. Box # 219 SHADY OAKS CIRCLE		3. Mailing Office Address 219 SHADY OAKS CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE MARY FL		City & State LAKE MARY FL			
Zip 32746	Country USA	Zip 32746	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 12/26/97					
5. FEI Number 593492500					☐ 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 SANDY NICHOLAS					
Street Address (P.O. Box Number is Not Acceptable) 219 SHADY OAKS CIRCLE					
Suite, Apt. #, Etc.					
City LAKE MARY		State FL	Zip Code 32746		
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 <i>Sandy K. Nicholas</i>					Date 6/03/10
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	
D	ALEXANDER NICHOLAS	219 SHADY OAKS CIRCLE		LAKE MARY FL 32746	
D	SANDY NICHOLAS	219 SHADY OAKS CIRCLE		LAKE MARY FL 32746	
REINSTATEMENT					
10. E-mail Address: ANICHOLAS@APPLIEDCONCEPTS.NET					
(To be used for future annual report notification)					
11. 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. 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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 06/03/10 407 6877767					