

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
99 DEC 22 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007066

1. Corporation Name
OPERATOR TRAINING INSTITUTE, INC.

Principal Place of Business Mailing Address
30W224 ARGYLL LN. NAPERVILLE IL 60563 **30W224 ARGYLL LN. NAPERVILLE IL 60563**



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable **13302 LARAWAY DR** 3. New Mailing Office Address, If Applicable **13302 LARAWAY DR**
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **01/22/1998**
5. FEI Number **65-0811391** Applied For **SP**
Not Applicable

City & State **RIVERVIEW FL** City & State **RIVERVIEW FL**
Zip **33569** Country **U.S.A.** Zip **33569** Country **U.S.A.**

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SADLER, S	1191 E NEWPORT CENTRE DR. PENTH	DEERFIELD BEACH FL 33442
		13302 LARAWAY DR	RIVERVIEW - FL 33569
			400003082444 1 -12/29/99--01005--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name **STUART SADLER**
Street Address (P.O. Box Number is Not Acceptable) **13302 LARAWAY DRIVE**
Suite, Apt. #, Etc.
City **RIVERVIEW** State **FL** Zip Code **33569**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date **20 DEC 1999**

REGISTERED AGENT MUST SIGN

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **20/DEC 1999** Daytime Phone #