

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN -9 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757686

1. Corporation Name

CARPENTERS TECHNICAL TRAINING
CENTER, INC.

2. Principal Office Address

7930 US 301 N

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33637

Country

USA

3. Mailing Office Address

7402 N. 56TH ST.

Suite, Apt. #, etc.

SUITE 380

City & State

TAMPA FL

Zip

33617

Country

USA

REINSTATEMENT 100-05

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/81

5. FEI Number

59-287962

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

W. ERIC VENABLE

Street Address (P.O. Box Number is Not Acceptable)

7402 N. 56TH ST

Suite, Apt. #, Etc.

SUITE 380

City

TAMPA, FL

State

FL

Zip Code

33617

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

[Signature]

Date

1/4/2006

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
P	JERRY RHOADES	295 W. 79TH PLACE HIALEAH, FL 33014	HIALEAH, FL 33014
S	PRESTON TAYLOR	1001 E. BAKER ST #401	PLANT CITY, FL 33566
T	STEPHEN COTHRON	9711 US HWY 92 E	TAMPA FL 33610

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN COTHRON

Date

1/4/2006

Daytime Phone #

8136261119