


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
08 SEP 23 AM 11:00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000004182

1. Corporation Name

The Prescott Training Group, Inc.

700136226947
09/23/08--01003--002 **300.00

2. Principal Office Address - No P.O. Box # 14751 Plaza Dr. Suite, Apt. #, etc. Suite P City & State Tustin, CA Zip 92780		3. Mailing Office Address 14751 Plaza Dr. Suite, Apt. #, etc. Suite P City & State Tustin, CA Zip 92780	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 6/16/2006

5. FEI Number
20-5022221

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 Robert Beilhart	
Street Address (P.O. Box Number is Not Acceptable) 294 Spottis Woods Ct.	
Suite, Apt. #, Etc.	
City Clearwater	State FL
Zip Code 33756	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert W. Beilhart

Date 16 Sept 2008

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, P, S	Lori Prescott	14751 Plaza Dr, Suite P	Tustin, CA 92780
D, T	Robert Beilhart	294 Spottis Woods Ct.	Clearwater, FL 33756

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 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:

Robert W. Beilhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Sept 08

Date

(818)500-9418

Daytime Phone #