PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 MAR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name: Automotive Training Institute, Inc.

F12000000095

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
705 Digital Drive	705 Digital Drive
Suite, Apt. #, etc.: Suite V	Suite, Apt. #, etc.: Suite V
City & State: Linthicum	City & State: Linthicum
Zip: 21090 County: USA	Zip: 21090 County: USA

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: January 09, 2012

5. FEI Number: 52-2137005 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, etc.:

City: Tallahassee State: FL Zip Code: 32301

300271120663
03/27/15--01003--013 **8.75

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: Rose Marie Cole Date: March 26, 2015

REGISTERED AGENT MUST SIGN: Rose Marie Cole, Asst. Secretary

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
CEO/Treas	Christopher L. Frederick, Sr.	705 Digital Drive, Suite V	Linthicum, MD 21090
President	Richard C. Menneg	705 Digital Drive, Suite V	Linthicum, MD 21090
Secretary	Christopher L. Frederick, Jr.	705 Digital Drive, Suite V	Linthicum, MD 21090
	MAR 2 7 2015	REINSTATEMENT	2015
	L. SELLERS		

10. E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Christopher L. Frederick, Sr. 3/25/15 (301)575-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #