

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 AUG -3 AM 10: 05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001665**

1. Corporation Name
INTERNATIONAL TRAINING & EDUCATION CORP.
a Nevada corporation

Principal Place of Business Mailing Address
5310 N.W. 33 AVENUE
SUITE 212
FORT LAUDERDALE, FLORIDA 33309

REINSTATEMENT 06-99

If above addresses are incorrect in any way, please indicate on this form and enter correction below.

2. New Principal Office Address, If Applicable <i>N/A</i>		3. New Mailing Office Address, If Applicable <i>N/A</i>		4. Date Incorporated or Qualified To Do Business in Florida 4/6/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>pres</i>	<i>Andrew David Smith</i>	<i>20955 Vista Terrace Boca Raton, FL 33432</i>	<i>Boca Raton, FL 33432</i>
<i>Sec</i>	<i>David Bawarsky</i>	<i>6184 Vista Linda Drive</i>	<i>Boca Raton, FL 33433</i>
<i>Treas</i>	<i>Kirk Girrback</i>	<i>6550 N. Federal Highway, #250</i>	<i>Ft. Lauderdale, FL 33308</i>

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8. Name and Address of Current Registered Agent <i>Andrew David Smith 5310 N.W. 33 Avenue, Suite 212 Fort Lauderdale, FL 33309</i>		9. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 *Andrew David Smith* Date **7.28.99**
ANDREW DAVID SMITH, RA REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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.
S. PAYNE AUG 3 1999
7-28-99 (954) 739-7005
 SIGNATURE: *Andrew David Smith* Date Daytime Phone #
ANDREW DAVID SMITH

CR2E001 (12/98)