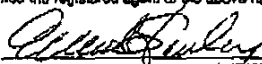
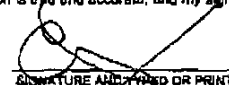


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # 97000005129 1. Corporation Name Universal Technical Institute of Phoenix, Inc.																															
2. Principal Office Address - No P.O. Box # 20410 N. 19th Avenue Suite, Apt. #, etc. Suite 200 City & State Phoenix, AZ Zip 85027 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same																													
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324		4. Date incorporated or Qualified To Do Business in Florida September 30, 1997 5. FBI Number 860891802 6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional fee required for a Certificate of Status ☐ 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 607.0506 or 617.0503, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 11-24-08																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonproft corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Chrmn</td> <td>John C. White</td> <td>20410 N. 19th Ave., Suite 200</td> <td>Phoenix, AZ 85027</td> </tr> <tr> <td>CEO</td> <td>Kimberly J. McWaters</td> <td>20410 N. 19th Ave., Suite 200</td> <td>Phoenix, AZ 85027</td> </tr> <tr> <td>ASEC</td> <td>Chad A. Freed</td> <td>20410 N. 19th Ave., Suite 200</td> <td>Phoenix, AZ 85027</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Chrmn	John C. White	20410 N. 19th Ave., Suite 200	Phoenix, AZ 85027	CEO	Kimberly J. McWaters	20410 N. 19th Ave., Suite 200	Phoenix, AZ 85027	ASEC	Chad A. Freed	20410 N. 19th Ave., Suite 200	Phoenix, AZ 85027												
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10. I certify that I am an officer or director of the corporation 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:  Chad A. Freed November 18, 2008 (623) 445-9500 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															

REINSTATEMENT

CR2E081 (10/08)

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11/25

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Division of Corporations

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CORPORATION REINSTATEMENT

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