

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL -6 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K01795

1. Corporation Name  
Instructional Technologies, Inc.

REINSTATEMENT 01-05

2. Principal Office Address  
3324 SW 8th Court

3. Mailing Office Address  
3324 SW 8th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Cape Coral, FL

City & State  
Cape Coral, FL

Zip Country  
33914 USA

Zip Country  
33914 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/13/87

5. FEI Number 65-0014358 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  
Alexander F Brylske

Street Address (P.O. Box Number is Not Acceptable)  
3324 SW 8th Court

Suite, Apt. #, Etc.

City  
Cape Coral

State Zip Code  
FL 33914

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/27/05

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	Alexander Brylske	3324 SW 8th Court	Cape Coral, FL 33914
ST	Deborah Street	3324 SW 8th Court	Cape Coral, FL 33914
			000057367720 07/12/05--01075--012 **1350.00 <i>[Handwritten Signature]</i>

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/05  
Date

239-826-5670  
Daytime Phone #

CR2E081 (01/05)