

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 20 PM 1:20

L98-2507

DOCUMENT #

1. Limited Liability Company's Name

INTERNATIONAL COACHING
INSTITUTE, LLC

4630 SOUTH KIRKMAN RD #612
ORLANDO FL 32811

9/29/00

2. Principal Office Address

4630 SOUTH KIRKMAN

3. Mailing Office Address

Suite, Apt. #, etc.

RD #612

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32811

Country

ORLANDO

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/02/1998

6. FEI Number

36-4258869

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

L.A. HIRA (LAVONNE)

Street Address (P.O. Box Number is Not Acceptable)

4630 S. KIRKMAN RD

Suite, Apt. #, Etc.

#612

City

ORLANDO

State

FL

Zip Code

32811

600004045496-3

-04/24/01--01009--008

****205.00 ****205.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

L.R. HIRA

REGISTERED AGENT MUST SIGN

Date 04/07/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NATIONAL FINANCIAL	TRUST 4630 S. KIRKMAN RD #612	ORLANDO FL 32811

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

L.R. HIRA

Date 04/07/01

Daytime Phone# 407-245-8300

Typed or printed name of signing Managing Member/Manager

LAVONNE R. HIRA