

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JAN -2 AM 11:33

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04000011475

1. Corporation Name

The National Leadership Institute, Inc.

2. Principal Office Address - No P.O. Box #
 225 NE Mizner Blvd.

3. Mailing Office Address
 225 NE Mizner Blvd.

Suite, Apt. #, etc.
 #300

Suite, Apt. #, etc.
 #300

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

Zip
 33432

Country
 USA

Zip
 33432

Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida 12/9/2004

5. FEI Number 202051262

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
 Gerald M. Czarnecki

Street Address (P.O. Box Number is Not Acceptable)
 225 NE Mizner Blvd.

Suite, Apt. #, Etc.
 #300

City
 Boca Raton

State
 FL

Zip Code
 33432

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 12/26/2007

REGISTERED AGENT MUST SIGN

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
Chairman	Gerald M. Czarnecki	225 NE Mizner Blvd., #300	Boca Raton, FL 33432

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 REINSTATEMENT 06-08

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman

12/26/2007

Date

561-306-1492

Daytime Phone #