

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 Zip Code
FL 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

700113516687
12/31/07--01018--010 **300.00

REINSTATEMENT 06-08

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 #