PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVEU FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 97 NOV 10 PM 3: 01 N19648 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name T.R.A.A. EDUCATION FOUNDATION, INC. Mailing Address Principal Place of Business 2200 MILL RD 2200 MILL RD ALEXANDRIA VA 22314-4677 ALEXANDRIA VA 22314-4677 US If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 03/12/1987 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2872191 City & State City & State Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip D LEWIS, JOHN 903 J PLACE **PLANO TX 75074** D HADLEY, DONNA 1771 GRANVILLE CT. **MEDFORD CT 97504** D MORRISON, JEFFREY M. 12 COTTAGE FIELD COURT **GERMANTOWN MD 20870** Alexauxiria, YA 22314 HALL Fletcher 2200 MillRoad -11/12/97--01062--013 <u>*******61</u> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLD RD **PLANTATION FL 33324** Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent . REGISTERED AGENT MUST SIGN See other side for information on Intangible tax.) 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 12. I certify that I am an officer or director or the receives or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for distriction 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED ON

Date SOO-128-013 (

"Dedicated to Education and Safety within the Tow Truck Industry" 2200 Mill Road • Alexandria, VA 22314-4677 • (703) 838-1897

4 November 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Sir:

Per a phone conversation with your office on Friday, October 31, 1997, I am sending you the form for reinstatement. This was sent to your office on March 3, 1997 along with a check in the amount of \$61.25 which has never been cashed. We are reissuing a new check along with sending you this form. I am enclosing a copy of the check that was sent along with our original application. Please process this as soon as possible.

If there are any questions regarding this matter I can be reached at 1-800-728-0136.

Sincerely;

Lyn Jackman/