

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUN -5 AM 9:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004756**

1. Corporation Name

REALIZED POTENTIAL TRAINING INSTITUTE, INC.

Principal Place of Business

Mailing Address

6077 FIFTH AVE NORTH
 ST PETERSBURG FL 33710

PO BOX 13601
 ST PETERSBURG FL 33710
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3456132

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OVERTON, DIANE	6077 FIFTH AVE NORTH	ST PETERSBURG FL 33710
D	JONES, ROY E	1220 N STATE PARKWAY	CHICAGO IL 60610
D	FISHER, JEANETTE	3700 40TH AVE N	ST PETERSBURG FL 33714
TS	OVERTON, DANA SWAIN	2376 LYNN LAKE PLACE SOUTH 675 62nd Ave So	SAINT PETERSBURG FL 33712 33705
			300005823843--4 -06/18/02--01084--007 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

OVERTON, DIANE
 6077 FIFTH AVE NORTH
 ST PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** 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

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

May 28, 2002

11. 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)(l), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/28/2002 (727) 893-2400 x 140

CR2E040 (8/01)