

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 21 AM 9:03

REINSTATEMENT 05



10312005 REIN-NP CR2E099 (6/04)

DOCUMENT # N98000004756 1. Entity Name REALIZED POTENTIAL TRAINING INSTITUTE, INC.	
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Principal Place of Business 6077 FIFTH AVE NORTH ST PETERSBURG, FL 33710	Mailing Address PO BOX 13601 SAINT PETERSBURG, FL 33733 US
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2. Principal Place of Business 11850 9th St. N. Suite, Apt. #, etc. Suite # 21107	3. Mailing Address Suite, Apt. #, etc.
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City & State St. Petersburg FL	City & State
Zip 33716	Country PINELLAS

4. FEI Number 59-3456132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OVERTON, DIANE OVERTON - SANBURN 6077 FIFTH AVE NORTH 11850 9th ST. N. STE #21107 ST PETERSBURG, FL 33710 33716	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Diane Overton - Sanburn DATE 12/17/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, DIANE OVERTON - SANBURN	NAME	
STREET ADDRESS	6077 FIFTH AVE NORTH 11850 9th ST. N. STE #21107	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33710-33716	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROY E	NAME	
STREET ADDRESS	1220 N STATE PARKWAY	STREET ADDRESS	700062327417
CITY-ST-ZIP	CHICAGO, IL 60610	CITY-ST-ZIP	12/21/05--01034--008 ***236.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICHER, JEANETTE	NAME	
STREET ADDRESS	3700 40TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, DANA	NAME	
STREET ADDRESS	675 62ND AVENUE SO	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANBURN, STEPHEN H.	NAME	
STREET ADDRESS	11850 9th ST. N. STE #21107	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Diane Overton - Sanburn DATE 12/17/05 DAYTIME PHONE # 727-571-8047

Signature and typed or printed name of signing officer or director Date Daytime Phone #

DIANE OVERTON - SANBURN