

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042900

1. Corporation Name

EDUCATIONAL RESOURCES FUNDING CORPORATION

Principal Place of Business

Mailing Address

321 N UNIVERSITY DR S-5  
PLANTATION FL 33324

321 N UNIVERSITY DR S-5  
PLANTATION FL 33324

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/2000

5. FEI Number

65-1015266

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MILLER, ROBERT	318 INDIAN TRACE BOX 141	WESTON FL 33326
			800004658208--8 -10/30/01--01005--009 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINKELSTEIN, LEE  
321 N UNIVERSITY DR S-5  
PLANTATION FL 33324

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]*  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

# Technical Training Consultants, Inc.

2062

October 15, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

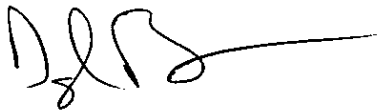
Ref Doc #s: P96000023057  
P00000042900

Dear Sir or Madam:

Enclosed are our completed Applications for Reinstatement for Technical Training Consultants, Inc. and Educational Resources Funding Corporation (a wholly owned subsidiary of Technical Training Consultants). Also enclosed are two checks for \$150 each representing our Annual Report Fee and our Corp. Supplemental Fee.

Unfortunately we never received our annual reports nor did we the notices warning of pending dissolution mentioned in the important facts of the reinstatement package. In light of this we ask that you please waive the reinstatement fees of \$600 per corporation.

Sincerely,



Douglas L. Brown  
Chief Financial Officer