

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 16 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116510

**1. Corporation Name**

INSTITUTE OF INTERNATIONAL TRAINING, INC

**2. Principal Office Address**

8265 TIVOLI DR.

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

ORLANDO, FL

**Zip**

32836

**Country**

U.S.

**City & State**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/01/01

**5. FEI Number**

59-3686830

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**

CRISTINA M. SAMUELS

**Street Address (P.O. Box Number is Not Acceptable)**

8265 TIVOLI DR.

**Suite, Apt. #, Etc.**

**City**

ORLANDO

**State**

FL

**Zip Code**

32836

**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

Cristina Samuel

Date 5/9/06

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
C	CRISTINA M. SAMUELS	8265 TIVOLI DR.	ORLANDO, FL 32836

**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:**

Cristina Samuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06  
Date

407-9963262  
Daytime Phone #

***Small Business Resources, USA, Inc.***  
***773 S. Kirkman Rd., Ste. 118***  
***Orlando, FL 32811***  
***(407) 298-4646***  
***Fax (407) 297-0588***

May 11, 2005

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

RE: Institute of International Training, Inc., Document # P00000116510

To Whom It May Concern:

We are the accountants for the above referenced entity. Enclosed please find the Corporate Reinstatement form along with a check for \$ 750.00. The corporation did not receive notice of the annual report notices. Please process and reinstate the company and change its status to active.

If you need any additional information do not hesitate to contact our office.

The client's updated address is on the reinstatement form.

Thank you for your courtesy and prompt attention in this matter.

Sincerely,

 representative  
James K. Duerr, CPA, Representative

Encs.