PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127089

1. Corporation Name

C2 INTELLIGENCE AND TRAINING, INC.

Principal Place of Business	Mailing Address
10596 NINA ST N. LARGO FL 33778	10596 NINA ST N. LARGO FL 33778

REINSTATEMENT 03

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.: 11833 88 AVE N	Suite, Apt. #, etc.: P.O. Box 4733
City & State: SEMINOLE FL	City & State: SEMINOLE FL
Zip: 33772 Country: USA	Zip: 33775-4733 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/03/2002

5. FEI Number: ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	Richard M Dunleavy Jr	11833 88 AVE N.	SEMINOLE FL 33772 ~~33775~~

300023818273
10/15/03--01055--001 **150.00

8. Name and Address of Current Registered Agent

DUNLEAVY, RICHARD M JR.
10596 NINA ST N.
LARGO FL 33778

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

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/14/03
REGISTERED AGENT MUST SIGN

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: Richard M. Dunleavy Jr SIGNATURE REQUIRED — 10/14/03 — 727 397-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

INTELLIGENCE & TRAINING, INC.
CORPORATE COUNTER-INTELLIGENCE & TRAINING

P.O.Box 4733
Seminole, FL 33775-4733
Phone: 727.397.3281

E-mail:
mdunleavy@C2Intelligence.com

October 14, 2003

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

To Whom It May Concern:

I registered the company on 12/03/02, but did not receive a Business Report Request until just now. I have been on Military Active Duty status supporting OPERATION IRAQI FREEDOM and OPERATION ENDURING FRREDOM and was just released back to reserve status last month.

I respectfully request a waiver of the $600 fee for Reinstatement and submit a $150 check and the proper form. I appreciate your consideration.

Sincerely,

Michael Dunleavy
President

/de