

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -4 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000075897570

06/07/06--01003--012 **1050.00

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida -- 1/2/03

5. FEI Number
SS-0814491

Applied For
Not Applicable

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

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000000606

1. Corporation Name

Training Tools & Technology, Inc.

2. Principal Office Address
625 Court Street

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

Zip
33756

Country
USA

Zip

Country

7. Name and Address of Current Registered Agent

Name
J. Matthew Marquardt, Esq.

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

Suite, Apt. #, Etc.
Suite 200

City
Clearwater

State
FL

Zip Code
33756

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

J. Matthew Marquardt

REGISTERED AGENT MUST SIGN

Date 5/28/06

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
D	John Clemons	1845 W. Sunset Blvd.	St. George, UT 84770
AS	J. Matthew Marquardt	625 Court Street, Ste. 200	Clearwater, FL 33756

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:

J. Matthew Marquardt J. Matthew Marquardt 5/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 441-8966

Daytime Phone #