

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 23 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36401**
Investment Training, Inc

1. Corporation Name

900004559719--3

-08/28/01--01046--008

*****1350.00 ***1350.00**

2. Principal Office Address

7667 Sample Rd.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 230

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33065

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650187743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

97-01

7. Name and Address of Current Registered Agent

Name

Kevin O'Riordan

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

7667 Sample Road

Suite, Apt. #, Etc.

Suite 230

City

Coral Springs

State

FL

Zip Code

33065

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

Kevin O'Riordan

Date

8/22/01

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
CD PST	Kevin O'Riordan	3528 Mahogany Way	Coral Springs, FL 33065
V	Michael O'Riordan	431 East Shore Drive	Summerland Key, FL 33042

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 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:

Kevin O'Riordan

KEVIN O'RIORDAN

8/22/01

Date

(954) 755-5207

Daytime Phone #