

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PB192

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAND
FILED

00 AUG 10 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000059078

1. Corporation Name

Center for Professional Training &
development Inc.

2. Principal Office Address

11190 Biscayne Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami FL

City & State

1

Zip

33181

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 1993

5. FEI Number

65-0443331

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Anthony Francois

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

11190 Biscayne Blvd.

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Anthony Francois	1432 NE 181	NMB FL 33162

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 817, 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 817.0401, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 August 2000

Date

305
895-6544

Daytime Phone #

SP

pg 292

**CENTER FOR PROFESSIONAL TRAINING
AND DEVELOPMENT CENTER, INC**

AUGUST 3, 2000

MRS. PAT DAILY
DIVISIONS OF CORPORATIONS

RE: REINSTATEMENT

DEAR MRS. DAILY:

THE PURPOSE OF THIS LETTER IS TO ASK THAT YOU GRANT PERMISSION FOR REINSTATEMENT OF MY CORPORATION, WITHOUT PENALTY, FOR THE FOLLOWING REASONS.

I HAD A BUSINESS ENGAGEMENT, OUT OF TOWN, AND WOULD BE GONE FOR AN UNDETERMINED LENGTH OF TIME; THEREFORE, DURING MY ABSENCE I PLACED AN INDIVIDUAL IN CHARGE OF ADMINISTERING MY CORPORATION, UNTIL MY RETURN.

DURING MY ABSENCE, AS I WAS TOTALLY UNAWARE, FRAUDULENT ACTIVITIES OCCURRED. UPON FINDING OUT THIS INFORMATION, I MOVED MY CORPORATION TO ANOTHER LOCATION, AND I NEVER RECEIVED ANY OF MY MAIL; DUE TO THE FACT, THIS INDIVIDUAL WAS REMOVING MY MAIL OUT OF MY MAILBOX, AND NEVER FORWARDING THE MAIL TO ME AT MY NEW LOCATION.

AFTER LEARNING OF THESE ACTIVITIES, I HAD TO CLOSE MY CORPORATE BANK ACCOUNT TO ELIMINATE FURTHER ABUSE OF MY ACCOUNT BY THIS INDIVIDUAL. THIS IS THE REASON FOR THE CHECK WHICH I SENT TO YOU, BEING RETURNED FOR NON-SUFFICIENT FUNDS.

I WOULD LIKE TO EXTEND MY APOLOGY TO YOU AND YOUR DIVISION AND ASSURE YOU THAT THIS TYPE OF ACTIVITY WILL NOT OCCUR AGAIN.

MS. DAVIS, I AM ASKING, ONCE AGAIN, THAT MY CORPORATION BE REINSTATED, WITHOUT PENALTY. IT IS VERY UNFORTUNATE THE PENALTY WAS IMPOSED UPON MY CORPORATION WITHOUT MY HAVING KNOWLEDGE BEFORE HAND OF THE FRAUDULENT ACTIVITIES THAT HAD TAKEN PLACE.

IF THERE ARE ANY QUESTIONS, YOU NEED TO ASK OF ME, PLEASE FEEL
FREE TO PHONE ME AT THE NUMBERS LISTED BELOW.

RESPECTFULLY,

A handwritten signature in cursive script that reads "Anthony Francois".

ANTHONY FRANCOIS,
DIRECTOR

AF/ALM
CC: FILE