

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000045955

1. Corporation Name  
INTERNATIONAL TRAINING INSTITUTE OF  
SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
514 1st Avenue SW

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Largo

City & State

Zip  
33770

Country  
Pinellas

Zip

Country

FILED  
97 SEP 10 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

4. Date Incorporated or Qualified  
To Do Business in Florida

6/20/94

5. FEI Number  
59-3297038

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Shoshana Bakshi	514 1st Avenue SW	Largo, FL 33770
S/T	Gil Bakshi	514 1st Avenue SW	Largo, FL 33770

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-09/12/97--01067--009  
\*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
Gil Bakshi

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

514 1st Avenue SW

Suite, Apt. #, Etc.

City  
Largo

State  
FL

Zip Code  
33770

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.

Signature of  
Registered Agent

Date 9/9/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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: Gil Bakshi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/97 813-586-7500  
Date Daytime Phone #