

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 2:24

DOCUMENT # P94000045955

1. Corporation Name

INTERNATIONAL TRAINING INSTITUTE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

514 1ST AVENUE S.W.
LARGO FL 33770

514 1ST AVENUE S.W.
LARGO FL 33770



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable 100 2nd Ave. S. Suite, Apt. #, etc. Suite 200-S City & State ST. Petersburg, FL Zip 33701 County Pinellas		3. New Mailing Office Address, If Applicable 100 2nd Ave. S. Suite, Apt. #, etc. Suite 200-S City & State ST. Petersburg, FL Zip 33701 County Pinellas		4. Date Incorporated or Qualified To Do Business in Florida 06/20/1994	
5. FEI Number 59-3297038		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BAKSHI, GIL	514 1ST AVENUE S.W.	LARGO FL 33770
ST	BAKSHI, GIL	514 1ST AVENUE S.W.	LARGO FL 33770

3000003469419-1
-11/17/00--01102--009
****750.00 ****750.00

10/31/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKSHI, GIL
514 1ST AVENUE, S.W.
LARGO FL 33770

Name BAKSHI, GIL	
Street Address (P.O. Box Number is Not Acceptable) 100 2nd Ave. S.	
Suite, Apt. #, Etc. Suite 200-S	
City ST. Petersburg	State Zip Code FL 33701

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00

Daytime Phone #

727-586-7500

CR2E040 (8/00)