

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086622

1. Corporation Name

BEYOND TRAINING, INC.

Principal Place of Business

5935 BAY HILL CIRCLE  
LAKE WORTH FL 33463  
US

Mailing Address

5935 BAY HILL CIRCLE  
LAKE WORTH FL 33463  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1994

5. FEI Number

65-0537280

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MMARKS, MELANIE	5935 BAY HILL CIRCLE	LAKE WORTH FL 33463
V	GINSBURG, KENNETH S	5935 BAY HILL CIRCLE	LAKE WORTH FL 33463
S	MARKS, SUSAN C	5935 BAY HILL CIRCLE	LAKE WORTH FL 33463

500008833685  
11/06/02--01108--006 \*\*150.00

8. Name and Address of Current Registered Agent

MARKS, MELANIE L  
5935 BAY HILL CIRCLE  
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Melanie Marks*  
REGISTERED AGENT MUST SIGN

Date

10/02

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:

*Kenneth S. Ginsburg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/2 (561) 449  
6190

CR2E040 (8/02)



5935 Bay Hill Circle  
Lake Worth, Florida 33463  
800-NOW-WORK (669-9675)  
(561) 649-6191 • Fax: (561) 649-6192

October 28, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sirs,

Please find enclosed the application for reinstatement and the appropriate UBR filing fee of \$150.00. As of this date, this office is not in receipt of any prior UBR notices.

If you have any further questions, please contact Ken Ginsburg, CFO at (561) 649-6191.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Melanie Marks". The signature is written in dark ink and is positioned above the printed name and title.

Melanie L. Marks MBA  
President  
Beyond Training Inc.