

**CORPORATION  
REINSTATEMENT**



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

COMPLETING THIS FORM  
Baker & Hostetler LLP, 200 S. Orange  
Ave., Suite 2300, Orlando, FL 32801  
(407) 649-4000

DOCUMENT # P95000038227

1. Corporation Name

On Course Solutions, Inc.

2. Principal Office Address

339 Cherokee Drive

3. Mailing Office Address

339 Cherokee Drive

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

05/12/1195

5. FEI Number

59-3314392

Applied For

No: Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A.G.C. Co.

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

200 South Orange Avenue

Suite, Apt #, Etc

Suite 2300

City

Orlando

State

FL

Zip Code

32801

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 1/31/00

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
P/D	Eva M. Hurst	339 Cherokee Drive	Orlando, FL 32801

*[Handwritten Signature]*  
1/31/00

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 taxes 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)(d), 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN 31 PM 3:50  
REINSTATEMENT 99-00