T. Roberts MAY 05 2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 26 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048023

REINSTATEMENT 96-05

1. Corporation Name
ABC TRAINING CENTERS OF AMERICA, INC.

2. Principal Office Address	3. Mailing Office Address
3045 AIA	P.O. BOX 511028
Suite, Apt. #, etc.: 501	Suite, Apt. #, etc.:
City & State: Melbourne Beach, FL	City & State: Melbourne Beach, FL
Zip: 32951 Country: BREVARD	Zip: 32951 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida: FLORIDA

5. FEI Number: 59-3321206 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for certification of status

7. Name and Address of Current Registered Agent

Name: GERALD W. NEWMAN

400054225444
05/10/05--01082--018 **2100.00

Street Address (P.O. Box Number is Not Acceptable): 3045 AIA

Suite, Apt. #, Etc.: 501

City: Melbourne Beach | State: FL | Zip Code: 32951

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.

X Signature of Registered Agent: Gerald W. Newman GERALD W. NEWMAN Date: 04/25/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/06)

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/T/D	GERALD W. NEWMAN	3045 AIA	Melbourne Beach, FL 32951
S/D	SUSAN L. NEWMAN	3045 AIA	Melbourne Beach, FL 32951

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 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.

X SIGNATURE: Gerald W. Newman GERALD W. NEWMAN 04/25/05 (321) 626-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #