PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P95000049340 DOCUMENT # P.C. TRAINING INSTITUTE ITY Principal Place of Business Mailing Address 5730 CORPORATE WAY, SUITE 204 WESTPALM BEACH, FL. 33407 REINSTATEMENT 97-99 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida JUNE 23, 95 Suite, Apt. #, etc. Suite, Apt. #. etc 5 FEI Number Applied For City & State City & State 65-0594251 Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip D owner STEVEN D. HATCH 1872 CYNMAR WEST PALM BEACH, FI 33409 O OWNER JOSEPH BRADWAY III 109 ACKWORTH LOVET MORRISVILLE, NC 27560 900002875009--0 -05/14/99--01011--011--\*\*\*1058.75 \*\*\*1058.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name STEVEN HATCH Street Address (P.O. Box Number is Not Acceptable) 1872 CYNMAR DRIVE Suite, Apt. #, Etc. WEST PALM BEACH, FL 33409 State | Zip Code D. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505, F.S. ignature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year Yes 🐼 No 🛚 Intangible Personal Property Tax due June 30. 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 filling 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 path 4/28/99

STEVEN HATCH

SIGNATURE:

561-478-9650