

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAR 25 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088946

1. Corporation Name

Corporate Training Solutions, Inc.

Principal Place of Business

**1051 Winderely Place
Suite 303
Longwood, FL 32779**

Mailing Address

**1051 Winderely Place
Suite 303
Longwood, FL 32779**

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3347065

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Vickers, Jay	820 Wesley Circle, #200	Apopka, FL 32703
D	Piciocchi, Paul	820 Wesley Circle, #200	Apopka, FL 32703

7000002124577-7
-03/26/97-01070-009
****923.75 ****923.75

REINSTATEMENT ab 97 3/25/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Kelly, Garla
2767 W. State Road 434
Longwood, FL 32779**

Name

Daniel G. Musca, Esquire

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

Shumaker, Loop & Kendrick, LLP

Suite, Apt. #, Etc.

101 East Kennedy Boulevard, Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

Daniel G. Musca

REGISTERED AGENT MUST SIGN

Date **March 20, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 813-289-2732
Date Daytime Phone #

CR2E040 (12/96)