

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Harris
Secretary of State
DIVISION OF CORPORATIONS

10/2
FILED

01 OCT 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023057

1. Corporation Name

TECHNICAL TRAINING CONSULTANTS, INC.

Principal Place of Business

321 N. UNIVERSITY DR
STE. 5
PLANTATION FL 33324

Mailing Address

321 N. UNIVERSITY DR
STE. 5
PLANTATION FL 33324

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1996

5. FEI Number

65-0661460

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 |
|---------------|---|--|---------------------------|
| V | FINKELSTEIN, GREGORY | 20850 SAN SIMEON WAY., #602 | N. MIAMI BEACH FL 33179 |
| P | MILLER, ROBERT | 318 INDIAN TRACE., #141 | WESTON FL 33326 |
| T | LEBAR, NEAL | 9825 SW 105TH TERRACE | MIAMI FL 33176 |
| CFO | BROWN, DOUGLAS L | 300 NW 82ND AVE, STE 404 | PLANTATION FL 33324 |
| S | Finkelstein, Lee | 321 N. University Dr S-5 | Plantation, FL 33324 |
| | | | LS |

8. Name and Address of Current Registered Agent

BROWN, DOUGLAS L
321 N UNIVERSITY DR S-5
PLANTATION FL 33324

9. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, Etc. |
| City |
| State |
| Zip Code |

6000004658206--4
-10/30/01--01005--008
****150.00 ****150.00
FL

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

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01

754-916-8528

CR2E040 (8/01)

Technical Training Consultants, Inc.

2052

October 15, 2001

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

Ref Doc #s: P96000023057
P00000042900

Dear Sir or Madam:

Enclosed are our completed Applications for Reinstatement for Technical Training Consultants, Inc. and Educational Resources Funding Corporation (a wholly owned subsidiary of Technical Training Consultants). Also enclosed are two checks for \$150 each representing our Annual Report Fee and our Corp. Supplemental Fee.

Unfortunately we never received our annual reports nor did we the notices warning of pending dissolution mentioned in the important facts of the reinstatement package. In light of this we ask that you please waive the reinstatement fees of \$600 per corporation.

Sincerely,



Douglas L. Brown
Chief Financial Officer