

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 NOV 27 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000006357

1. Corporation Name

ALTERNATIVE TRAINING Philosophy, Inc.

100009248281
11/27/02--01108--017 **150.00

2. Principal Office Address

245 B Worth Avenue

Suite, Apt. #, etc.

Suite B

City & State

Palm Beach - Florida

Zip

33400

Country

USA

3. Mailing Office Address

1801 N. Flagler Dr.

Suite, Apt. #, etc.

#234

City & State

West Palm Beach, FL

Zip

33407

Country

USA

2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida Jan 21 '98

5. FEI Number

65-080-6948

Applied For

Not 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

KAREN HADER

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

1801 N. Flagler DRIVE

Suite, Apt. #, Etc.

#234

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

Karen Hader

REGISTERED AGENT MUST SIGN

Date Nov 20 '02

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	Karen Hader	1801 N. Flagler DRIVE	West Palm Beach, FL 33407

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.

SIGNATURE:

Karen Hader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 20 '02

Date

561-310-1524

Daytime Phone #

CR2E081 (9/01)