

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000007066

1. Corporation Name

OPERATOR TRAINING INSTITUTE, INC.

Principal Place of Business

Mailing Address

30W224 ARGYLL LN.  
NAPERVILLE IL 60563

30W224 ARGYLL LN.  
NAPERVILLE IL 60563

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13302 LARAWAY DR

3. New Mailing Office Address, If Applicable

13302 LARAWAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

RIVERVIEW FL

Zip

33569

Country

U.S.A.

Zip

33569

Country

U.S.A.

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/1998

5. FEI Number

65-0811391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SADLER, S	1191 E NEWPORT CENTRE DR. PENTH	DEERFIELD BEACH FL 33442
		13302 LARAWAY DR	RIVERVIEW FL 33569

400003082444 1  
-12/29/99--01005--025  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name STUART SADLER  
Street Address (P.O. Box Number is Not Acceptable)  
13302 LARAWAY DRIVE  
Suite, Apt. #, Etc.  
City RIVERVIEW  
State FL Zip Code 33569

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 20 DEC 1999

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20/DEC 1999