

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -6 AM 9:17

DOCUMENT # P98000103115

1. Corporation Name

INTERNATIONAL INSTRUCTIONAL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

2930A N.W. COMMERCE PARK DRIVE  
BOYNTON BEACH FL 33426-8727  
US

2930A N.W. COMMERCE PARK DRIVE  
BOYNTON BEACH FL 33426-8727  
US



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

12/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-6881945

Applied For

Not Applicable

City & State

City & State

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	4. City / State / Zip
P	DOWLING, MICHAEL D	2930A NW COMMERCE PARK DRIVE	BOYNTON BEACH FL 33426
VP	DOWLING, JOHN J	2930A NW COMMERCE PARK DRIVE	BOYNTON BEACH FL 33426

4800004733064--8  
-12/19/01-01057--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOWLING, MICHAEL D  
2930A N.W. COMMERCE PARK DRIVE  
BOYNTON BEACH FL 33426-8727

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Michael D. Dowling

Date

10-11-01

REGISTERED AGENT MUST SIGN

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:

Michael D. Dowling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/01

Daytime Phone

CR2E040 (8/01)