

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -2 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700022700427
09/02/03--01047--012 **900.00

DOCUMENT # P99000065748

1. Corporation Name

ATECT Training Corp.

2. Principal Office Address

306 Bay Arbor Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

306 Bay Arbor Blvd.

Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

Zip

34677

Country

US

Zip

34677

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/99

5. FEI Number

59-3588564

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

Stephen M LaGree

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

306 Bay Arbor Blvd

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Stephen M LaGree

REGISTERED AGENT MUST SIGN

Date

8-26-03

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 | Stephen LaGree | 306 Bay Arbor Blvd. | Oldsmar FL 34677 |
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REINSTATEMENT 02-03 TS

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:

Stephen M LaGree Steve LaGree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-26-03

Daytime Phone #

727-243-7779

CR20081 (10/02)