

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 915.00

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 AUG 28 AM 10:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 841053 1. Corporation Name NATIONAL OIL SPILL RESPONSE SCHOOL, INC. 4161 Carmichael Ave. Suite 202 Jacksonville FL 32207					
Principal Place of Business		Mailing Address			
See above					
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 3/25/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3081296	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	000002283280--2
D.		Woods, Mathew	3704 Timucua Trail		-09/02/97-01186--008
D.		Chambers, Mark S.	3776 Cathedral Oaks Dr.		***173.75 ***173.75
D.		Edenfield, Earl E.	7069 Delaware Court		Jacksonville, FL 32277
					Jacksonville FL
					32210
<div style="position: relative;"> REINSTATEMENT <div style="position: absolute; top: -20px; right: -20px; text-align: right;"> 96-97 A. Allen 8/28/97 </div> </div>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Woods, Mathew 3704 Timucua Trail Jacksonville, FL 32277			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			300002283283--3 -09/02/97-01186--009 ***750.00 ***750.00 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 4-26-97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 4-26-97 Daytime Phone # 904-355-4164	
		Earl E. Edenfield, Jr.			

CR2E040 (12/96)