PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG -6 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002890

1. Corporation Name
360TRAINING.COM, INC.

200184103712
08/06/10--01003--009 **1200.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
13801 N. MO PAC EXPY		13801 N. MO PAC EXPY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 100		SUITE 100	
City & State		City & State	
AUSTIN, TX		AUSTIN, TX	
Zip	Country	Zip	Country
78727	YSA	78727	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/16/2005

5. FEI Number 74-2823541 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE, SUITE 4

Suite, Apt. #, Etc.: SUITE 4

City	State	Zip Code
WESTON	FL	33331

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: Peter F. Souza Assistant Secretary — Date: 08/03/2010
REGISTERED AGENT MUST SIGN

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
PRES	ADNAN SATTAR	13801 N. MO PAC EXPY	AUSTIN, TX 78727
VP	ALBERT LILLY	13801 N. MO PAC EXPY	AUSTIN, TX 78727
Secty	BRAD W. DONALDSON	13801 N. MO PAC EXPY	AUSTIN, TX 78727

10. E-mail Address: DINI.NASH@360TRAINING.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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: Brad W. Donaldson BRAD W. DONALDSON 8/3/2010 512-539-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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