

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 2:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L17911**

1. Corporation Name

**OCCUPATIONAL SAFETY TRAINING, INC.**

Principal Place of Business

Mailing Address

3813 E WESTWIND CT  
 INVERNESS FL 34453  
 US

P.O. BOX 28  
 INVERNESS FL 34451  
 US

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



**REINSTATEMENT 03**

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/25/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2971841

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
PD	BEAUDRY, JOHN G.	3813 E WESTIND CT	INVERNESS FL 34453
VD	BEAUDRY, SHARON K.	3813 E WESTWIND CT	INVERNESS FL 34453

800026138448  
 01706704--01042--007 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEAUDRY, JOHN G.  
 3813 EAST WEST WIND CT  
 INVERNESS FL 34453

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. or 617.0505, F.S.

Signature of Registered Agent

*John G. Beaudry*  
 REGISTERED AGENT MUST SIGN

Date

1/3/04

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:

*John G. Beaudry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/04

Daytime Phone #

352 344-4320

CR2E040 (7/03)