

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 AUG 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006270

1. Corporation Name

EASTERN RESEARCH SERVICES, INC.

2. Principal Office Address

7551 LITTLE ROAD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

Zip

34654

Country

U.S.A.

3. Mailing Office Address

7551 LITTLE ROAD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

Zip

34654

Country

U.S.A.

REINSTATEMENT 98-03

200022586462

08/26/03--01072--003 **1500.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1996

5. FEI Number

23-2695855

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

MARIA CALLANAN VALDEZ

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

7551 LITTLE ROAD

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34654

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

Maria Callanan Valdez

REGISTERED AGENT MUST SIGN

Date

8/25/03

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
PD	KEAN W. SPENCER	1121 St. Finegan Rd.	West Chester PA 19382
SD	NICHOLAS MANNINO	287 Dressage Court	West Chester PA 19382
CTD	MICHAEL P. MARCUS	4 SPRINGTON PT DR	NEWTOWN SQ, PA 19073

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:

M.P. MARCUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03

Date

610 543 0575

Daytime Phone #

CR2E081 (10/02)